

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name CITY OF INDIAN WELLS <i>Division, Department, or Region (if applicable)</i>		Date Stamp 03/31/16 PM 02:47 city of IW	California Form 802 <small>For Official Use Only</small>
Designated Agency Contact (Name, Title) WADE G. MCKINNEY, CITY MANAGER		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>03/31/2016</u> <small>(month, day, year)</small>	
Area Code/Phone Number 760/346-2489	E-mail wmckinney@indianwells.com		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 161.00

Event Description: BNP Paribas Open Tennis Tournamet Date(s) 03 / 07 / 16 03 / 20 / 16
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Desert Champions, LLC
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Distribution List Attached		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Wade G. McKinney	City Manager	03/31/2016
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____

FPPC Form 802 – Attachment (BNP Paribas Open Tennis Tournament)

3. Recipients

A. Name of Agency, Department or Unit

Department	# of Tickets	Public Purpose
City Manager	5	2.10.060 (p)
Community Development	7	2.10.060 (p)
Finance	3	2.10.060 (p)