

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

A Public Document

1. Agency Name CITY OF INDIAN WELLS <i>Division, Department, or Region (if applicable)</i>		Date Stamp	California Form 802 For Official Use Only
Street Address 44950 ELDORADO DRIVE			
Designated Agency Contact (Name, Title) RODERICK J. WOOD, INTERIM CITY MANAGER		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 760/346-2489	E-mail rwood@indianwells.com		

2. Function, Event, or Ceremonial Role Information

Title BNP PARIBAS OPEN TENNIS Face Value of Each Admission \$ 2,500
 Description TENNIS TOURNAMENT Date(s) 3 / 8 / 12 3 / 18 / 12

Ticket(s)/Admission(s) provided by agency? Yes No If no: _____
 Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: _____
 Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Spicer, Larry	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Support of City Sponsorship & Residents Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,



 Print Name

 Title

 (month, day, year)

 for any additional information including amendment explanation.)