

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

A Public Document

1. Agency Name CITY OF INDIAN WELLS Division, Department, or Region (if applicable)		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.)	
Area Code/Phone Number 760/346-2489	E-mail rwood@indianwells.com	Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title BNP PARIBAS OPEN TENNIS Face Value of Each Admission \$ 186.00

Description TENNIS TOURNAMENT Date(s) 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	Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Blank, Linda	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Encourage Participation on Committees 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 _____
I have verified that the distribution of admissions, set forth above,

RODERICK J. WOOD INTERIM CITY MANAGER 4-12-12
Print Name Title (month, day, year)

_____ (month, day, year)
(Provide any additional information including amendment explanation.)