

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

**A Public Document**

<b>1. Agency Name</b>		<b>Date Stamp</b>	<b>California Form 802</b>
City of Indian Wells			For Official Use Only
Division, Department, or Region (If Applicable)			
City Manager			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)	
Wade G. McKinney, City Manager		<b>Date of Original Filing:</b> _____ (Month, Day, Year)	
Area Code/Phone Number	E-mail		
(760) 346-2489	wmckinney@indianwells.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 287.50-Each

Event Description Desert Town Hall (Karl Rove)    Date(s) 3 / 6 / 14  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Desert Forum, Inc.  
*Name of Source*

Was ticket distribution made at the behest of agency official?    No     Yes     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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Hanson, Doug	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe</i>
Mertens, Ted	2	Ticket Policy 2.10.060 (Q)
Mullany, Patrick	2	
Roche, Mary	2	
Peabody, Ty	2	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Introduced Speaker Karl Rove
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

\_\_\_\_\_ Sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Wade G. McKinney
City Manager
3/31/14

Print Name
Title
(Month, Day, Year)

Comment: \_\_\_\_\_

**Agency Report of:  
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Continuation Sheet**

Agency Name

City of Indian Wells

**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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Griffith, Donna Kipp, Roger Puls, Gina	2 2 2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Ticket Policy 2.10.060 (O)
Reed, Brenda Staples, AJ Tobin-May, Judy	2 2 2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Ticket Policy 2.10.060 (O)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy