

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

A Public Document

1. Agency Name City of Indian Wells		Date Stamp 02 20 '15 PM 03 48 city of IW	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
City Manager		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title)			
Wade G. McKinney, City Manager			
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 \$ 287.50-Each

Event Description Desert Town Hall-Mitt Romney Date(s) 1 / 19 / 15
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 Mertens, Ted Balocco, Richard	2 2 2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Ticket Policy 2.10.060 (Q)
Peabody, Ty Boston, Lucille Kutz, Nevine	2 1 1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Ticket Policy 2.10.060 (Q)
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

(d)(5) _____, 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Wade G. McKinney City Manager 2/20/15
Print Name Title (Month, Day, Year)

**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:
Wade McKinney	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)
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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