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)*

Street Address

44950 ELDORADO DRIVE

Designated Agency Contact *(Name, Title)*

RODERICK J. WOOD, INTERIM CITY MANAGER

Area Code/Phone Number	E-mail
760/346-2489	rwood@indianwells.com

Date Stamp

California Form **802**

For Official Use Only

☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: _____ *(month, day, year)*

2. Function, Event, or Ceremonial Role Information

Title BNP PARIBAS OPEN TENNIS

Face Value of Each Admission $ 110.00

Description TENNIS TOURNAMENT

Date(s) 3 / 16 / 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.	
Schubert, Jerry	2	Yes ☑ No ☐	Encourage Participation on Committees	Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐

3 [redacted] *lations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,*

[redacted] DERICK J. WOOD — Print Name

INTERIM CITY MANAGER — Title

4-12-12 *(month, day, year)*

[redacted] *for any additional information including amendment explanation.)*