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

### 1. Agency Name
City of Indian Wells

**Division, Department, or Region (If Applicable)**

City Manager

**Designated Agency Contact (Name, Title)**
Wade G. McKinney, City Manager

**Area Code/Phone Number**
(760) 346-2489

**E-mail**
wmcKinney@indianwells.com

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### 2. Function or Event Information

**Does the agency have a ticket policy?**
Yes ☒ No ☐

**Event Description**
Desert Town Hall (Platon)

**Ticket(s)/Pass(es) provided by agency?**
Yes ☐ No ☒

**Was ticket distribution made at the behest of agency official?**
No ☒ Yes ☐

**Face Value of Each Ticket/Pass $**
287.50-Each

**Date(s)**
2 / 27 / 15

**Name of Source**
Desert Forum, Inc.

**Official's Name (Last, First)**

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### 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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

#### B. Name of Individual (Last, First)

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☒ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balocco, Richard</td>
<td>2</td>
<td>Ticket Policy 2.10.060 (Q)</td>
</tr>
<tr>
<td>Gonsalves, Anthony</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>McCarthy, Kevin</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Mertens, Ted</td>
<td>2</td>
<td>Ticket Policy 2.10.060 (Q)</td>
</tr>
<tr>
<td>Peabody, Ty</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization (Include address and description)

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

### 4. Verification

I have read and understand FPPC Regulations 18944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

**Signature of Agency Head or Designee**
Wade G. McKinney

**Print Name**
Wade G. McKinney

**City Manager**
Wade G. McKinney

**Title**
City Manager

**Date of Original Filing:** 03/26/15

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**Comment:**

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**FPPC Form 802 (4/12)**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)