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 E-mail
(760) 346-2489 wmckinney@indianwells.com

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description 8th Annual Philanthropy Awards Lunch
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Was ticket distribution made at the behest of agency official? No ☑ Yes ☐

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.

<table>
<thead>
<tr>
<th>A. 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>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mertens, Ted</td>
<td>1</td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. 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>
</tr>
</thead>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Wade G. McKinney  City Manager  12/23/14
Print Name  Title  (Month, Day, Year)

Comment: ________________________________