

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
Division, Department, or Region <i>(if applicable)</i>			For Official Use Only
Street Address			
Designated Agency Contact <i>(Name, Title)</i>			
Area Code/Phone Number	E-mail	<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i>  Date of Original Filing: _____ <i>(month, day, year)</i>	

**2. Function, Event, or Ceremonial Role Information**

Title \_\_\_\_\_ Face Value of Each Admission \$ \_\_\_\_\_

Description \_\_\_\_\_ Date(s) \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

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	<ul style="list-style-type: none"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

**3. Verification**

*I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.*

Signature of Agency Head or Designee

Print Name

Title

*(month, day, year)*

Comment: *(Use this space or an attachment for any additional information including amendment explanation.)*

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Description \_\_\_\_\_ Date(s) \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

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		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> <input type="checkbox"/>	Income <input type="checkbox"/>

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Signature of Agency Head or Designee

Print Name

Title

*(month, day, year)*

The City of Atascadero paid for Mayor Steve Martin, City of Paso Robles and wife to attend this event. Atascadero/Paso Robles initiating collaboration to develop Regional Tourism, Economic Development. Good opportunity for 2 north county leaders to be represented together. Reciprocation expected.

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<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
City of Atascadero			
Division, Department, or Region (if applicable)			
6500 Palma Avenue			
Street Address			
Atascadero, CA 93422			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)  Date of Original Filing: <u>7/1/2016</u> (month, day, year)	
Rachelle Rickard, City Manager			
Area Code/Phone Number	E-mail		
(805) 470-3400	rrickard@atascadero.org		

**2. Function, Event, or Ceremonial Role Information**

Title League Channel Counties Dinner Face Value of Each Admission \$ 35.00

Description League dinner hosted by City of A Date(s) 4 / 15 / 16 4 / 15 / 16

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: Rickard, Rachelle - City Manager  
Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

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Rickard, Rachelle - City Manager	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	City rep at League Channel Counties dinner	Income <input type="checkbox"/>
Banish, Terrie - Deputy CM	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	City Rep at League of CA Cities event	Income <input type="checkbox"/>
Christensen, Lara - Deputy CM	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	City Rep at League of CA Cities event	Income <input type="checkbox"/>
O'Malley, Tom - Mayor	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Mayor representing City at League event	Income <input type="checkbox"/>
Moreno, Heather - Mayor Pro Tem	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	City rep at League Channel Counties dinner	Income <input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Rachelle Rickard Rachelle Rickard City Manager 7/1/2016  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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Rachelle Rickard, City Manager		Date of Original Filing: <u>7/1/2016</u>	
Area Code/Phone Number	E-mail	(month, day, year)	
(805) 470-3400	rrickard@atascadero.org		

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Title League Channel Counties Dinner Face Value of Each Admission \$ 35.00

Description League dinner hosted by City of A Date(s) 4 / 15 / 16 4 / 15 / 16

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Roberta Fonzi	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	City rep at League Channel Counties dinner	Income <input type="checkbox"/>
Brian Sturtevant	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	City Rep at League of CA Cities event	Income <input type="checkbox"/>
Bob Kelley	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	City Rep at League of CA Cities event	Income <input type="checkbox"/>
	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

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Rachelle Rickard Rachelle Rickard City Manager 7/1/2016  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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Rachelle Rickard, City Manager			
Area Code/Phone Number	E-mail		
805-470-3400	rrickard@atascadero.org		

**2. Function, Event, or Ceremonial Role Information**

Title 2016 Mayors' WInemaker Dinner Face Value of Each Admission \$ 85.00

Description Kiwanis Community Fundraiser Date(s) 6/24/16 6/24/16

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

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Yes  No  If yes: Richard, Rachelle - City Manager  
Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

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Fonzi, Roberta - Council Member	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	representing City at community event	Income <input type="checkbox"/>
Sturtevant, Brian - Council Member	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	representing City at community event	Income <input type="checkbox"/>
Moreno, Heather - Mayor Pro Tem	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	representing City at community event	Income <input type="checkbox"/>
O'Malley, Tom - Mayor	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	representing City at annual community event	Income <input type="checkbox"/>
Rachelle Rickard - City Manager	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	representing City at annual community event	Income <input type="checkbox"/>

**3. Verification**

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Rachelle Rickard
City Manager
7/1/2016  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

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Description Kiwanis Community Fundraiser Date(s) 6/24/16 6/24/16

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DeBar, Nick - Public Works Director	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	representing City at community event	Income <input type="checkbox"/>
Rangel, Jeri - Finance Director	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	representing City at community event	Income <input type="checkbox"/>
	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

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