

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

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1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of Atascadero		SEP 27 2011	
Division, Department, or Region (if applicable)		CITY OF ATASCADERO CITY CLERK'S OFFICE	
City Manager's Office			
Street Address			
6907 El Camino Real, Atascadero, CA 93422			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Wade McKinney, City Manager		Date of Original Filing: 09/23/2011 (month, day, year)	
Area Code/Phone Number	E-mail		
805-470-3400	wmckinney@atascadero.org		

2. Function, Event, or Ceremonial Role Information

Title Savor the Central Coast VIP reception Face Value of Each Admission \$ 75.00

Description VIP Reception for Savor sponsorship Date(s) 09/29/11 10/02/11

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: Wade McKinney, City Manager
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	Income
O'Malley, Tom, Mayor	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	City representative at VIP event <input type="checkbox"/>
Sturtevant, Brian, Councilmember	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	City representative at VIP event <input type="checkbox"/>
Fonzi, Roberta, Councilmember	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	City representative at VIP event <input type="checkbox"/>
Cherry, Brady, Department Director	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	City representative at VIP event <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.

Wade McKinney Signature of Agency Head or Designee
Wade McKinney Print Name
City Manager Title
9/26/2011 (month, day, year)

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

* unable to attend.