

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

A Public Document

1. Agency Name City of Atascadero Division, Department, or Region (If Applicable) City Manager's Office Designated Agency Contact (Name, Title) Marcia McClure Torgerson, City Clerk Area Code/Phone Number E-mail 805-470-3400		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ **80.00**

Event Description Chamber of Commerce Annual Awards Date(s) 1 / 12 / 13
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: McKinney, Wade (City Manager)
Official's Name (Last, First)

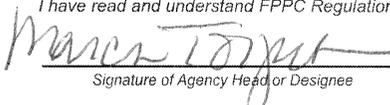
3. Recipients

• 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	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
City Council & City Manager's Office	10	City official representation at and in support of the annual Chamber of Commerce awards dinner and fundraising auction.
B. Name of Individual (Last, First)		
		Identify one of the following:
O'Malley, Tom; Fonzi, Roberta; Moreno, Heather; Sturtevant, Brian; Clay, Jerry;		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Agency Officials (City Council Members)
Lewis, Jim; Torgerson, Marcia; Thompson, Russ; Haley, Jerel		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Agency Officials (City Officials)
C. Name of Outside Organization (include address and description)		
Mental Marketing, San Luis Obispo, CA Consultant providing marketing/promotion		Guest of the City, Paul Sloan of Mental Marketing

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.

	Marcia McClure Torgerson	City Clerk/Ass't to City Manager	07-23-2013
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)