

**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> <small>For Official Use Only</small>
City of Atascadero			
Division, Department, or Region <i>(if applicable)</i>			
6907 El Camino Real			
Street Address			
Atascadero, CA 93422			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: <u>03/25/12</u> <small><i>(month, day, year)</i></small>	
Wade McKinney, City Manager			
Area Code/Phone Number	E-mail		
805-470-3400			

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

Title SLO IFF Pre-event Reception Face Value of Each Admission \$ \$25.00

Description Host of 2012 SLOIFF Reception Date(s) 3 / 3 / 12 3 / 3 / 12

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: McKinney, Wade, 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	<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>	
Fonzi, Roberta	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	CC member/host of reception	Income <input type="checkbox"/>
Sturtevant, Brian	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	CC member/host of reception	Income <input type="checkbox"/>
Kelley, Bob	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Mayor/host of reception	Income <input type="checkbox"/>
Clay, Jerry	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	CC member/host of reception	Income <input type="checkbox"/>
Haley, Jerel	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Police Chief/City Representative/host	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
City Manager
04-02-12  
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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Wade McKinney, City Manager		Date of Original Filing: <u>3/25/12</u>	
Area Code/Phone Number	E-mail	<i>(month, day, year)</i>	
805-470-3400			

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

Title 2012 SLOIFF Pre-Event Reception Face Value of Each Admission \$ 25.00

Description Host reception/attend The Music Date(s) 3/3/12 3/3/12

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	<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>	
McKinney, Wade	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	City Manager/City hosting reception	Income <input type="checkbox"/>
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input checked="" 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      Wade McKinney      City Manager      4-02-12  
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.)*