

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

A Public Document

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|--|------------------------------------|--|--|
| 1 Agency Name City of Atascadero | | RECEIVED APR - 1 2011 CITY OF ATASCADERO CITY CLERK'S OFFICE | California Form 802 <small>For Official Use Only</small> |
| Division, Department, or Region (if applicable) | | | |
| Street Address 6907 El Camino Real | | | |
| Designated Agency Contact (Name, Title) Marcia McClure Torgerson City Clerk | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| Area Code/Phone Number 805-470-3400 | E-mail mtorgerson@atasadero.org | Date of Original Filing <u>3/31/2011</u> <small>(month, day, year)</small> | |

2 Function, Event, or Ceremonial Role Information

Title SLO Intl Film Fest Sneak Peak Face Value of Each Admission \$ 9 00

Description "Rango" movie prevue tied to ev Date(s) 3 / 5 / 2011 3 / 5 / 2011

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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. |
|---|-----------------------------------|--|--|
| Sturtevant, Brian | 1 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Movie tied to event of SLOIFF/Galaxy Grand Op <input checked="" type="checkbox"/> Income <input type="checkbox"/> |
| Fonzi, Roberta | 1 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Movie tied to event of SLOIFF/Galaxy Grand Op <input checked="" type="checkbox"/> Income <input type="checkbox"/> |
| Clay, Jerry | 1 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Movie tied to event of SLOIFF/Galaxy Grand Op <input checked="" type="checkbox"/> Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | <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 G. McKinney Wade G McKinney City Manager 03/31/2011
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.)