

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

A Public Document

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

2 Function, Event, or Ceremonial Role Information

Title SLO International Film Festival Face Value of Each Admission \$ \$25 00

Description Sneak Peak Grand Opening 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.
Clay Jerry	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	attendance @ SLOIFF Grand Opening event Income <input type="checkbox"/>
Fonzi Roberta	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	attendance @ SLOIFF Grand Opening event Income <input type="checkbox"/>
Sturtevant, Brian	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	attendance @ SLOIFF Grand Opening event Income <input type="checkbox"/>
O'Malley Tom	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	attendance @ SLOIFF Grand Opening event Income <input type="checkbox"/>
McKinney Wade	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	attendance @ SLOIFF Grand Opening event 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 3/31/2011
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)