

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of Atascadero			
Division, Department, or Region (if applicable) City Manager's Office			
Street Address 6907 El Camino Real, Atascadero, CA 93422			
Designated Agency Contact (Name, Title) Wade McKinney		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>9/6/11</u> (month, day, year)	
Area Code/Phone Number 805-470-3400	E-mail wmckinney@atascadero.org		

2. Function, Event, or Ceremonial Role Information

Title Mid-Year Economic Forecast Face Value of Each Admission \$ \$50.00

Description Beacon Economics & CA CofC Date(s) 06 / 09 / 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	<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.
Roberta Fonzi council member	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	#1 council goal = economic growth & prosperity <input checked="" type="checkbox"/> Income <input type="checkbox"/>
Bob Kelley council member	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	#1 council goal = economic growth & prosperity <input type="checkbox"/> Income <input type="checkbox"/>
Tom O'Malley, Mayor	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	#1 council goal = economic growth & prosperity <input type="checkbox"/> Income <input type="checkbox"/>
Jerry Clay council member	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	#1 council goal = economic growth & prosperity <input type="checkbox"/> Income <input type="checkbox"/>
Wade McKinney City manager	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	#1 council goal = economic growth & prosperity <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 09-06-11
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.)

Page 2 of 2

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6907 El Camino Real, Atascadero, CA 93422
Designated Agency Contact (Name, Title)
Wade McKinney
Area Code/Phone Number
805-470-3400
E-mail
wmckinney@atascadero.org
Date Stamp
California Form 802
For Official Use Only
Amendment (Must provide explanation in Part 3.)
Date of Original Filing: 8/30/11

2. Function, Event, or Ceremonial Role Information
Title: Mid-Year Economic Forecast
Face Value of Each Admission: \$50.00
Description: Beacon Economics & CA CofC
Date(s): 06 / 09 / 11
Ticket(s)/Admission(s) provided by agency? Yes [X] No [] If no: Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes [X] No [] If yes: Wade McKinney, City Manager
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Table with 4 columns: Name (Last, First) or Organization (Name, Address, Description), Number of Admission(s)/ Ticket(s), Agency Official (Yes/No), and explanation with Income checkbox. Rows include Jim Lewis, Marcia Torgerson, Warren Frace, Rachelle Rickard, and Steve Martin.

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.

Signature of Agency Head or Designee: Wade G McKinney
Print Name: Wade G McKinney
Title: City Manager
Date: 09-06-11

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

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6907 El Camino Real, Atascadero, CA 93422			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i>	
Wade McKinney		Date of Original Filing: <u>9/26/11</u> <small>(month, day, year)</small>	
Area Code/Phone Number	E-mail		
805-470-3400	wmckinney@atascadero.org		

2. Function, Event, or Ceremonial Role Information

Title Mayors Winemaker's Dinner Face Value of Each Admission \$ \$75.00

Description Fundraising Dinner Event Date(s) 06 / 24 / 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	<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. 	
Roberta Fonzi	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Council Member/Ceremonial attendance	Income <input type="checkbox"/>
Brian Sturtevant	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Council Member/Ceremonial attendance	Income <input type="checkbox"/>
Tom O'Malley, Mayor	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Host of fundraising event	Income <input type="checkbox"/>
Jerry Clay	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Council Member/Ceremonial attendance	Income <input type="checkbox"/>
Wade McKinney	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	City Manager/Ceremonial attendance	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	City Manager	09-06-11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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Wade McKinney		Date of Original Filing: <u>8/30/11</u> <small><i>(month, day, year)</i></small>	
Area Code/Phone Number	E-mail		
805-470-3400	wmckinney@atascadero.org		

2. Function, Event, or Ceremonial Role Information

Title Mayors Winemaker's Dinner Face Value of Each Admission \$ \$75.00

Description Fundraising Dinner Event Date(s) 06 / 24 / 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	<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. 	
Jim Lewis	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Asst CManager/ceremonial attendance	Income <input type="checkbox"/>
Brady Cherry	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Director CS/ceremonial attendance	Income <input type="checkbox"/>
Dave Mullinax	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Council outreach assistance	Income <input type="checkbox"/>
Dennis Swanson	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Photographer for Bandstand/Zoo/Lake Park	Income <input type="checkbox"/>
Mrs. Swanson	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Income <input type="checkbox"/>

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Wade G McKinney Wade G McKinney City Manager 09-06-11
Signature of Agency Head or Designee Print Name Title *(month, day, year)*

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Designated Agency Contact <i>(Name, Title)</i>			
Wade McKinney			
Area Code/Phone Number	E-mail		
805-470-3400	wmckinney@atascadero.org		

2. Function, Event, or Ceremonial Role Information

Title Blues Baseball 07-11-11 Face Value of Each Admission \$ \$6.00

Description 100 tix to Comm Servc Dept Date(s) 07 / 11 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: SLO Blues Baseball
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?
 Yes No If yes: _____
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. 	
Rec Dept attendees & parents, staff	100	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	"Atascadero Night", available to public & staff	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

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Wade G. McKinney Wade G McKinney City Manager 09-06-11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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