

**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 <i>(if applicable)</i>			
6500 Palma Avenue			
Street Address			
Atascadero, CA 93422			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: <u>6/1/2015</u> <i>(month, day, year)</i>	
Rachel Rickard, City Manager			
Area Code/Phone Number	E-mail		
(805) 470-3400	rrickard@atascadero.org		

2. Function, Event, or Ceremonial Role Information

Title LeagueCA Cities Channel Contie Face Value of Each Admission \$ 35.00

Description Channel Counties Dinner Date(s) 3 / 20 / 15 3 / 20 / 15

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: Rickard, Rachelle - 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.
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Marcia Torgerson - Deputy CM	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income Agency Rep at League of CA Cities event <input type="checkbox"/>
Brian Sturtevant - Council Member		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income Agency Rep at League of CA Cities event <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"/>

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	<u>Rachelle Rickard</u> Print Name	<u>City Manager</u> Title	<u>6/1/2015</u> <i>(month, day, year)</i>
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Comment: *(Use this space or an attachment for any additional information including amendment explanation.)*