

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

**A Public Document**

|   |                         |  |                                |
|---|-------------------------|--|--------------------------------|
| <b>1. Agency Name</b>                           |                         | Date Stamp   | <b>California<br/>Form 802</b> |
| City of Atascadero                              |                         |  | For Official Use Only          |
| Division, Department, or Region (if applicable) |                         |  |                                |
| 6500 Palma Avenue                               |                         |  |                                |
| Street Address                                  |                         |  |                                |
| Atascadero, CA 93422                            |                         |  |                                |
| Designated Agency Contact (Name, Title)         |                         | <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)<br><br>Date of Original Filing: <u>6/1/2015</u><br><small>(month, day, year)</small> |                                |
| 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) 5/29/15 5/29/15

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?

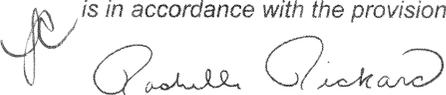
Yes  No  If yes: Rickard, Rachelle - City Manager  
Official's Name (Last, First) and Title

**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"> <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> |                                 |
|---|-----------------------------------|--|--|---------------------------------|
| Rachelle Rickard - City Manager                                 | 1                                 | Yes <input checked="" type="checkbox"/><br>No <input type="checkbox"/> | Agency Rep at League of CA Cities event  | Income <input type="checkbox"/> |
| Marcia Torgerson - Deputy CM                                    | 1                                 | Yes <input checked="" type="checkbox"/><br>No <input type="checkbox"/> | Agency Rep at League of CA Cities event  | Income <input type="checkbox"/> |
| Brian Sturtevant - Council Member                               | 1                                 | Yes <input checked="" type="checkbox"/><br>No <input type="checkbox"/> | Agency Rep at League of CA Cities event  | Income <input type="checkbox"/> |
| Heather Moreno - Council Member                                 | 1                                 | Yes <input checked="" type="checkbox"/><br>No <input type="checkbox"/> | Agency Rep at League of CA Cities event  | Income <input type="checkbox"/> |
|   | 1                                 | Yes <input type="checkbox"/><br>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.


Rachelle Rickard
City Manager
6/1/2015  
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.)