Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

California Form **802**

For Official Use Only

1. Agency Name

City of Atascadero

Division, Department, or Region *(If Applicable)*

City Manager's Office

Designated Agency Contact *(Name, Title)*

Marcia McClure Torgerson, City Clerk

Area Code/Phone Number	E-mail
805-470-3400	

Date Stamp

☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: _____
(Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ _____ 75.00

Event Description **Central Coast Economic Forecast**
Provide Title/Explanation

Date(s) __6__/__6__/__14__ ___/___/___

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

If yes: **Rickard, Rachelle (City Manager)**
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
City Council & City Manager's Office	8	City official representation at the Central Coast Economic Forecast Mid-Year Update

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
O'Malley, Tom; Fonzi, Roberta; Moreno, Heather, Sturtevant, Brian;	4	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Agency Officials (City Council Members)
Rickard, Rachelle; Torgerson, Marcia; Frace, Warren; Rangel, Jeri.	4	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Agency Officials (City Officials)

C. Name of Outside Organization *(include address and description)*	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee	Marcia McClure Torgerson *Print Name*	City Clerk/Ass't to City Manager *Title*	07-23-2014 *(Month, Day, Year)*

Comment: _____