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

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**
   805-470-3400
   **E-mail**

2. **Function or Event Information**
   **Does the agency have a ticket policy?** Yes ☑ No ☐
   **Event Description**
   City Hall Elegant Evening Event
   **Face Value of Each Ticket/Pass $**
   100.00
   **Date(s)**
   8 / 15 / 13
   **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐
   **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑
   **If no:**
   **Name of Source**
   **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**
   City Council
   **Number of Ticket(s)/Pass(es)**
   5
   **Describe the public purpose made pursuant to the agency's policy**
   Tickets for Council Members to attend the Grand Re-Opening of Atascadero's Historic City Hall (after earthquake 10 yr rehab)

   **B. Name of Individual (Last, First)**
   O'Malley, Tom; Fonzi, Roberta; Moreno, Heather; Sturtevant, Brian; Kelley, Bob
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following:**
   **Ceremonial Role** ☑ **Other** ☐ **Income** ☐
   **If checking "Ceremonial Role" or "Other" describe below:**
   Council Members host & welcome community VIP's to Elegant Evening event, grand reopening of Historic City Hall

   **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/Asst to City Manager
   **Title**
   07-23-2014
   **(Month, Day, Year)**
   **Comment:**