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

1. Agency Name
City of Atascadero
Division, Department, or Region (if applicable)
6500 Palma Avenue
Street Address
Atascadero, CA 93422
Designated Agency Contact (Name, Title)
Rachelle Rickard, City Manager
Area Code/Phone Number (805) 470-3400
E-mail rrickard@atascadero.org

Date Stamp
California Form 802
For Official Use Only
☐ Amendment (Must provide explanation in Part 3.)
Date of Original Filing: 6/1/2015
(month, day, year)

2. Function, Event, or Ceremonial Role Information
Title LeagueCA Cities Channel Contie
Description Channel Counties Dinner
Face Value of Each Admission $ 35.00
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:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marcia Torgerson - Deputy CM</td>
<td>1</td>
<td>Agency Rep at League of CA Cities event</td>
</tr>
<tr>
<td>Brian Sturtevant - Council Member</td>
<td>Yes ☐ No ☐</td>
<td>Agency Rep at League of CA Cities event</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
</tbody>
</table>

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 Rachelle Rickard
Print Name City Manager
Title
Date 6/1/2015
(month, day, year)

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