

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

A Public Document

1. Agency Name City of Atascadero Division, Department, or Region <i>(if applicable)</i> 6907 El Camino Real Street Address Atascadero, CA 93422 Designated Agency Contact <i>(Name, Title)</i> Wade McKinney, City Manager Area Code/Phone Number E-mail 805-470-3400	Date Stamp	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="background-color: black; color: white; padding: 5px;"> California Form 802 </td> </tr> <tr> <td style="padding: 2px;"> For Official Use Only </td> </tr> </table>	California Form 802	For Official Use Only
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<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: <u>03/25/12</u> <i>(month, day, year)</i>				

2. Function, Event, or Ceremonial Role Information

Title SLO IFF Pre-event Reception Face Value of Each Admission \$ \$25.00

Description Host of 2012 SLOIFF Reception Date(s) 3 / 3 / 12 3 / 3 / 12

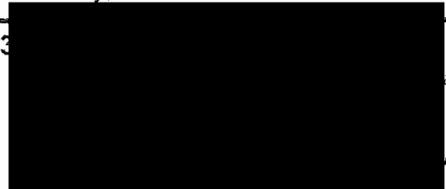
Ticket(s)/Admission(s) provided by agency? Yes No If no: _____
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: McKinney, Wade, 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. 	
Fonzi, Roberta	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	CC member/host of reception	Income <input type="checkbox"/>
Sturtevant, Brian	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	CC member/host of reception	Income <input type="checkbox"/>
Kelley, Bob	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Mayor/host of reception	Income <input type="checkbox"/>
Clay, Jerry	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	CC member/host of reception	Income <input type="checkbox"/>
Haley, Jerel	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Police Chief/City Representative/host	Income <input type="checkbox"/>



I have verified that the distribution of admissions, set forth above,

Wade McKinney City Manager 04-02-12
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.)*