Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

					7	
	Agency Name				Date Stamp	California 802
	City of Lancaster					Form OUZ
100	Division, Department, or Regi	on (If Applicab	1	For Official Use Only		
			MAR19/16AW111	5505+OLERK		
3	Designated Agency Contact (Name, Title)	-			
	Britt Avrit, City Clerk		_	1		
3	Area Code/Phone Number	E-mail	Amendment (Must provide explanation in Part 3.)			
	661-723-6020	SANDER CHARGE TO SERVICE STREET, 1971 - SANDER CONTROL OF THE CONT			Date of Original Filing:	(Month, Day, Year)
<u>.</u>	Function or Event Infor	nation	die een een een een een een een een een e	(
					of Each Ticket/Pass \$	22
					6 16	1
	Eveni Description	Provide Title/Ex	planation	Date(s)	<i></i>	
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐			☐ If no:	Name of Sou	
	Was ticket distribution made at the behest No ☑ Yes of agency official?			If yes:Official's Name (Last, First)		
_						
	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 organi.					
	A Num					
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
			rass(es)			
			rass(es)			
			rass(es)			9
4			F 433(63)			
	B. Name of Individua	1	Number of Ticket(s)/		Identify one of the following	ng:
	B. Name of Individua (Last, First)		Number of	Caramonial Pole		
	B. Name of Individua (Last, First) Crist, Marvin		Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremor		ng:
	(Last, First)		Number of Ticket(s)/		Other IX nial Role" or "Other" describe below:	
	(Last, First)		Number of Ticket(s)/ Pass(es)	If checking "Ceremor	Other inial Role" or "Other" describe below: (h)	
	Crist, Marvin		Number of Ticket(s)/ Pass(es)	Per Policy 100-03	Other inial Role" or "Other" describe below: (h) Other	
	(Last, First)		Number of Ticket(s)/ Pass(es)	Per Policy 100-03 (Ceremonial Role If checking "Ceremon	Other inial Role" or "Other" describe below: (h) Other inial Role" or "Other" describe below:	Income
9	Crist, Marvin		Number of Ticket(s)/ Pass(es)	Per Policy 100-03	Other inial Role" or "Other" describe below: (h) Other inial Role" or "Other" describe below:	Income
	Crist, Marvin Malhi, R		Number of Ticket(s)/ Pass(es) 2	Per Policy 100-03 (Ceremonial Role If checking "Ceremor Per Policy 100-03()	Other ial Role" or "Other" describe below: (h) Other ial Role" or "Other" describe below: h)	Income Income
	Crist, Marvin	ization	Number of Ticket(s)/ Pass(es)	Per Policy 100-03 (Ceremonial Role If checking "Ceremor Per Policy 100-03()	Other inial Role" or "Other" describe below: (h) Other inial Role" or "Other" describe below:	Income Income
	Crist, Marvin Malhi, R Name of Outside Organ	ization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Per Policy 100-03 (Ceremonial Role If checking "Ceremor Per Policy 100-03()	Other ial Role" or "Other" describe below: (h) Other ial Role" or "Other" describe below: h)	Income Income
	Crist, Marvin Malhi, R Name of Outside Organ	ization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Per Policy 100-03 (Ceremonial Role If checking "Ceremor Per Policy 100-03()	Other ial Role" or "Other" describe below: (h) Other ial Role" or "Other" describe below: h)	Income Income
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	Crist, Marvin Malhi, R Name of Outside Organ	ization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Per Policy 100-03 (Ceremonial Role If checking "Ceremor Per Policy 100-03()	Other ial Role" or "Other" describe below: (h) Other ial Role" or "Other" describe below: h)	Income Income
(a)	Crist, Marvin Malhi, R Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	Per Policy 100-03 (Ceremonial Role If checking "Ceremor Per Policy 100-03() Describe the put	Other ial Role" or "Other" describe below: (h) Other ial Role" or "Other" describe below: h) Olic purpose made pursuant to	Income In
3	Crist, Marvin Malhi, R Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	Per Policy 100-03 (Ceremonial Role If checking "Ceremor Per Policy 100-03() Describe the put	Other ial Role" or "Other" describe below: (h) Other ial Role" or "Other" describe below: h) Olic purpose made pursuant to	Income In

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1.	Agency Name		Date Stamp	California 802			
	City of Lancaster					Form For Official Use Only	
100	Division, Department, or Reg	on (If Applicab		For Official Use Only			
						and the same of th	
(1)	Designated Agency Contact (Name, Title)	MARIS'I BAMIL	56:03-CLERK			
	Britt Avrit, City Clerk		Amandmant (44.44.	wide water the in Dat O			
7.5	Area Code/Phone Number	E-mail	Amendment (Must provide explanation in Part 3.)				
	661-723-6020 bavrit@cityo		oflancasterca.org		Date of Original Filing:(Month, Day, Year)		
Σ.	Function or Event Infor	mation			· ·	64	
	Does the agency have a ticke	Yes 🗵 No		e of Each Ticket/Pass \$64			
	Event Description LPAC Events Provide Title/Explanation			Date(s)2	2 , 26 , 16		
		Provide Title/Exp	olanation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Sou	2700	
,	Was ticket distribution made -	t tha babast	. = .				
	Was ticket distribution made at the behest of agency official?			s ☐ If yes:Official's Name (Last, First)		ast, First)	
3.	Recipients						
	 Use Section A to identify the agency 	's department o	runit. • Use Sec	tion B to identify an individ	lual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departme	Number of	Describe the pul				
	A. Name of Agency, Department of Ont		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individual		Number of Ticket(s)/	Identify one of the following:			
			Pass(es)	Ceremonial Role	Other 🔀	Income	
	Crist, Marvin				nial Role" or "Other" describe below:	income	
			2	Per Policy 100-03	(h)		
9							
				Ceremonial Role	Other	Income	
				ir checking Ceremoi	nial Role" or "Other" describe below:		
	C Name of Outside Organization		Number of Ticket(s)/				
	(include address and des	(include address and description)		Describe the pul	blic purpose made pursuant t	to the agency's policy	
	Robin Hagaman		_	Per Policy 100-03	Per Policy 100-03 (n)		
	2329 W Ave J-8 #B Lancaster 93536		2		()		
 l.	Verification						
	Verification have pead and understand PPC Regul	ations 18944.1 an	nd 18942. I have ve	rified that the distribution set :	forth above, is in accordance with	the requirements.	
		lations 18944.1 an	nd 18942. I have ve Britt Avi		forth above, is in accordance with City Clerk	the requirements. 3/18/16	