

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

A Public Document

<b>1. Agency Name</b> City of Lancaster Division, Department, or Region (If Applicable)		Date Stamp  MAY13'16PM12:50:46-CLERK	<b>California Form 802</b> For Official Use Only
Designated Agency Contact (Name, Title)  Britt Avrit, City Clerk		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 661-723-6020	E-mail bavrit@cityoflancasterca.org	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 \$ \_\_\_\_\_ 24

Event Description LPAC event      Date(s) 4 / 23 / 16  
Provide Title/Explanation

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: \_\_\_\_\_  
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
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Crist, Marvin	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per Policy No. 100-03 (h)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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	Britt Avrit Print Name	City Clerk Title	5/13/16 (Month, Day, Year)
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> City of Lancaster Division, Department, or Region (If Applicable)  Designated Agency Contact (Name, Title) Britt Avrit, City Clerk Area Code/Phone Number    E-mail 661-723-6020                    bavrit@cityoflancaesterca.org		Date Stamp  MAY13'16PM12:50:50-CLERK	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ <span style="font-size: small;">(Month, Day, Year)</span>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 24-\$28; Parking =\$5

Event Description Jethawks Baseball Games    Date(s) 4 / 14 / 16    4 / 28 / 16  
Provide Title/Explanation

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: \_\_\_\_\_  
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
Administration/HR	61/10	Per Policy No. 100-03 (a)
Development Services	57/3	Per Policy No. 100-03 (a)
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Larry Dorsey/CA Dept. of Corrections PO Box 3364, Quartz Hill, CA 93536	2/1	Per Policy No. 100-03 (h)

**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	Britt Avrit Print Name	City Clerk Title	5/13/16 (Month, Day, Year)
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions  
Continuation Sheet**

Agency Name  
City of Lancaster

**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.

<b>A. Name of Agency, Department or Unit</b>	<b>Number of Ticket(s)/ Pass(es)</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>
Finance	10/1	Per Policy No. 100-03 (a)
Housing	4	Per Policy No. 100-03 (a)
PRA	19	Per Policy No. 100-03 (a)
Public Safety	4	Per Policy No. 100-03 (a)
<b>B. Name of Individual <small>(Last, First)</small></b>	<b>Number of Ticket(s)/ Pass(es)</b>	<b>Identify one of the following:</b>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
<b>C. Name of Outside Organization <small>(include address and description)</small></b>	<b>Number of Ticket(s)/ Pass(es)</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>

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

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<b>1. Agency Name</b> City of Lancaster		Date Stamp  MAY13'16PM01:00:27-CLERK	<b>California Form 802</b>
Division, Department, or Region (If Applicable) Lancaster Choice Energy			For Official Use Only
Designated Agency Contact (Name, Title) Britt Avrit, City Clerk		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 661-723-6020	E-mail bavrit@cityoflancasterca.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 24-28

Event Description Jethawks Baseball Games    Date(s) 4 / 14 / 16    4 / 28 / 16  
Provide Title/Explanation

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: \_\_\_\_\_  
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
LCE	44	Per Policy No. 100-03 (a)
Development Services	38	Per Policy No. 100-03 (a)
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
SEE ATTACHED		Per Policy No. 100-03 (d)

**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.

\_\_\_\_\_    Britt Avrit    \_\_\_\_\_    City Clerk    \_\_\_\_\_    5/13/16  
Signature of Agency Head or Designee    Print Name    Title    (Month, Day, Year)

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

Agency Name  
City of Lancaster

**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
Administration/City Clerk	4	Per Policy No. 100-03 (a)
Finance	32	Per Policy No. 100-03 (a)
Housing	4	Per Policy No. 100-03 (a)
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

## LCE JetHawks SkyBox #309 Tickets Issued April 2016

Name	Game Date	# of Tickets	Employee Y/N	Official Duty	Delivered
Angela Martinez (FB Giveaway) 1222 W. Ave H-1 Lancaster, CA 93534	4/19/2016	6	N		4/18/2016
Yanira Velasquez (FB Giveaway) 42266 42nd St West Quartz Hill, CA 93536	4/19/2016	6	N		4/19/2016
Diane Vine (FB Giveaway) 2501 Bear Valley Road #356 Tehachapi, CA 93561	4/19/2016	6	N		4/19/2016
Emmanuel Contreras (FB Giveaway) 43028 W 30th St Lancaster, CA 93536	4/20/2016	6	N		4/19/2016
Todd Fogde (FB Giveaway) 44618 Calston Ave Lancaster, CA 93535	4/20/2016	6	N		4/19/2016

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

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<b>1. Agency Name</b> City of Lancaster		Date Stamp  MAY 13 '16 PM 12:50:55 -CLERK	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) <i>Lancaster Choice Energy</i>			
Designated Agency Contact (Name, Title) Britt Avrit, City Clerk		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Area Code/Phone Number 661-723-6020	E-mail bavrit@cityoflancafterca.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 14

Event Description Jethawks Baseball Games Date(s) 4 / 14 / 16 4 / 28 / 16  
Provide Title/Explanation

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: \_\_\_\_\_  
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
PRA	2	Per Policy No. 100-03 (a)
Development Services	2	Per Policy No. 100-03 (a)
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
SEE ATTACHED		Per Policy No. 100-03 (o)

**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.

*Britt Avrit* \_\_\_\_\_ Britt Avrit \_\_\_\_\_ City Clerk \_\_\_\_\_ 5/13/16 \_\_\_\_\_  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)





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

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<b>1. Agency Name</b> City of Lancaster <hr/> Division, Department, or Region <i>(If Applicable)</i> Lancaster Choice Energy <hr/> Designated Agency Contact <i>(Name, Title)</i> Britt Avrit, City Clerk <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Area Code/Phone Number 661-723-6020</td> <td style="width:50%; border: none;">E-mail bavrit@cityoflancafterca.org</td> </tr> </table>		Area Code/Phone Number 661-723-6020	E-mail bavrit@cityoflancafterca.org	Date Stamp  MAY13'16PM12:51:01-CLERK	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-weight: bold; font-size: 24px;">California Form 802</td> </tr> <tr> <td style="text-align: center; font-size: 10px;">For Official Use Only</td> </tr> </table>	California Form 802	For Official Use Only
Area Code/Phone Number 661-723-6020	E-mail bavrit@cityoflancafterca.org						
California Form 802							
For Official Use Only							
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(Month, Day, Year)</i>					

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 10

Event Description Poppy Festival    Date(s) 4 / 16 / 16    4 / 17 / 16  
Provide Title/Explanation

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: \_\_\_\_\_  
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
LCE	50	Per Policy No. 100-03 (b)
Housing	1	Per Policy No. 100-03 (b)

B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
SEE ATTACHED		Per Policy No. 100-03 (e)

**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.

 _____ <small>Signature of Agency Head or Designee</small>	Britt Avrit _____ <small>Print Name</small>	City Clerk _____ <small>Title</small>	5/13/16 _____ <small>(Month, Day, Year)</small>
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions  
Continuation Sheet**

Agency Name

City of Lancaster

**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
Development Services	8	Per Policy No. 100-03 (b)
Finance	17	Per Policy No. 100-03 (b)
PRA	8	Per Policy No. 100-03 (b)
Admin	16	Per Policy No. 100-03 (b)
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

Name	# of Tickets	Address	Reason
Amy Phy	4	43341 Hampton St, Lancaster, CA 93536	Facebook giveaway - 4/1
Aubrie Hollands	4	5200 Entrar Dr SPC 201, Palmdale, CA 93551	Facebook giveaway - 4/1
Bonnie Aispuro-Guevara	4	2607 Bellevue Way, Palmdale, CA 93550	Facebook Giveaway - 4/14
Breanna Middleton	4	23 Eagle Ct. Edwards, CA 93523	Facebook giveaway - 3/25
Carina Olmedo Hernandez	4	5744 Knightbridge Ct, Palmdale, CA 93552	Facebook Giveaway - 4/14
Caro Lokkz	4	45705 6th St. E, Lancaster, CA 93535	Facebook giveaway - 3/25
Charly Michelle Swiger-Peterson	8	45830 Suffolk Dr., Lancaster, CA 93535	Facebook Giveaway - 4/14
Connie Downs	4	31578 Palomar Rd. Menifee, CA 92584	Facebook giveaway - 4/8
Cristina McCaslin	4	9235 Kemper Rd., Mojave, CA 93501	Facebook giveaway - 3/25
Dahlia Fonseca	4	2751 East Avenue J-6, Lancaster, CA 93535	Facebook giveaway - 4/1
Diane Vine	4	25101 Bear Valley Rd. #356, Tehachapi, CA 93561	Facebook giveaway - 4/8
Earl Gately	4	44740 Genoa Ave, Lancaster, CA 93534	Facebook Giveaway - 4/14
Electra Rodriguez	4	44331 Amethyst St, Lancaster, CA 93536	Facebook Giveaway - 4/14
Elizabeth Daugherty	4	P.O. Box 2138 Rosamond, CA 93560	Facebook Giveaway - 4/14
Jen Kubat	4	3918 Pacific Ave, Rosamond, CA 93560	Facebook Giveaway - 4/14
Jessica Gunderson	4	40810 Riverrock Lane, Palmdale, CA 93551	Facebook giveaway - 3/25
Jolene Pao	4	43354 Harbor St., Lancaster, CA 93536	Facebook giveaway - 4/8
Jose Vasquez	4	4911 Opal Ave. Palmdale, CA 93552	Facebook giveaway - 3/25
Josie Bonorris	4	3909 Ponderosa St., Lancaster, CA 93536	Facebook Giveaway - 4/14
Kailah Young	4	1133 Morven Street, Lancaster, CA 93535	Facebook giveaway - 4/8
Karen Gonzalez	4	45510 6th Street East, Lancaster, CA 93535	Facebook Giveaway - 3/25
Luis Vasquez	4	44150 35th Street W. #4, Lancaster, CA 93536	Facebook giveaway - 4/1
Margaret O'Neal Johns	4	42849 15th St W Unit 2, Lancaster, CA 93534	Facebook giveaway - 3/25
Marlene Lopez	4	36742 Clearwood Ct. Palmdale, CA 93550	Facebook giveaway - 4/8
Melanie Zimmerman	4	3910 Pacific Ave., Rosamond, CA 93560	Facebook Giveaway - 4/14
Melissa Grubb	4	554 East Ivyton Street, Lancaster, CA 93535	Facebook giveaway - 4/8
Memo Nunez	4	43769 San Francisco Ave, Lancaster, CA 93535	Facebook giveaway - 4/1
Monica Olsen	4	7118 W. Hemlock Ave, Lancaster, CA 93536	Facebook giveaway - 3/25
Olivia Valroditos Jarquin	4	1206 Pasteur Dr., Lancaster, CA 93535	Facebook giveaway - 4/8
Pamela Olson	4	P.O. Box 1526 Rosamond, CA 93560	Facebook giveaway - 4/8
Sarah Griffith	4	3491 Cahuenga Blvd West, Los Angeles, CA 90068	Facebook giveaway - 4/1
Sarah Mack	4	3808 Juniper Ridge Lane, Rosamond, CA 93560	Facebook giveaway - 4/8
Shanna Reid	4	45225 30th Street East, Lancaster, CA 93535	Facebook giveaway - 4/1
Shannon Santamaria	4	1624 W. Ave L-4, Lancaster, CA 93534	Facebook Giveaway - 4/14
Toby Huebert-Barnum	4	44603 Palm Lane, Lancaster, CA 93535	Facebook giveaway - 4/1
Victoria Olsen Means	4	41825 55th Street West, Quartz Hill, CA 93536	Facebook giveaway - 3/25
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Ceremonial Role Events and Ticket/Pass Distributions**

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<b>1. Agency Name</b> City of Lancaster		Date Stamp  MAY13'16PM12:50:39-CLERK	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Britt Avrit, City Clerk		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 661-723-6020	E-mail bavrit@cityoflancafterca.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 10

Event Description Poppy Festival    Date(s) 4 / 16 / 16    4 / 17 / 16  
Provide Title/Explanation

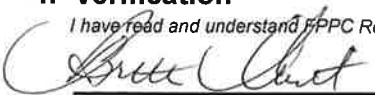
Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: \_\_\_\_\_  
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
Public Safety	20	Per Policy No. 100-03 (a)
Administration/City Clerk/HR	62	Per Policy No. 100-03 (a)
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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	Britt Avrit Print Name	City Clerk Title	5/13/16 (Month, Day, Year)
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions  
Continuation Sheet**

**Agency Name**  
City of Lancaster

**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.

<b>A. Name of Agency, Department or Unit</b>	<b>Number of Ticket(s)/ Pass(es)</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>
Housing	34	Per Policy No. 100-03 (a)
PRA	202	Per Policy No. 100-03 (a)
Development Services	148	Per Policy No. 100-03 (a)
Finance/LCE	52	Per Policy No. 100-03 (a)
<b>B. Name of Individual <small>(Last, First)</small></b>	<b>Number of Ticket(s)/ Pass(es)</b>	<b>Identify one of the following:</b>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
<b>C. Name of Outside Organization <small>(include address and description)</small></b>	<b>Number of Ticket(s)/ Pass(es)</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>