**A Public Document** 

ı.	Agency Name	-			Date Stamp	California 802		
	City of Lancaster					Form OUZ		
	Division, Department, or Regi	ion (if applicable)				For Official Use Only		
					JUN13'16pm12	:43:38-CLERK		
	Designated Agency Contact (	Name, Title)						
	Britt Avrit, City Clerk				☐ Amendment (Must	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				,		
	661-723-6020	bavrit@cityoflanca	sterca.org		Date of Original Filing	:(month, day, year)		
2.	Function or Event Infor	mation						
	Does the agency have a tick	cet policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ 🚄	24-\$28; parking \$5		
	Event Description: Jethawks	s baseball games		Date(s)5/	, 6 , 16	5 , 30 , 16		
		Provide Title/Expla	anation					
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □ I	f no:	Name of Source			
	Was ticket distribution made	at the behest Yes			Official's Name (Last, First			
	of agency official?	100			Official's Name (Last, First			
_								
3.	Recipients		. II. O. 41. D. 4.	. 1 . 116 11	l - II C	416		
	Use Section A to identify the agen	cy's department or unit.		identify an individ	ual. • Use Section C to ide	ntity an outside organization.		
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	of Ticket(s)/ Describe the public purpose made pursuant to the agenc					
	Housing	28	Per policy No	olicy No. 100-03 (a)				
	Finance	63/2	Per policy No	o. 100-03 (a)	,			
	B. Name of Indi (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the	following:		
					nonial Role Other of "Other" of "Other" of "Other" of	_		
	-				onial Role Other of the or "Other" of the or "Other" of the other of t			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy		
	-							
_	 Verification							
	I have read and understand FP with the requirements.	PC Regulations 1894	4.1 and 18942.	I have verified t	hat the distribution set	forth above, is in accordance		
,	M. ( At	R	ritt Avrit		City Clerk	6/9/16		
	Signature of Agency Head or Design		Print Name		Title	(month, day, year)		
	_							
	Comment:							

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



on	tinuation Sheet		A Public Document
Ageı	ncy Name		
ty of	f Lancaster		
	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)/ Passes	Describe the public purpose made pursuant to the agency's policy
D	Development Services	41/1	Per policy No. 100-03 (a)
Р	Parks, Recreation & Arts	42/1	Per policy No. 100-03 (a)
Α	Administration/HR/CC	57/1	Per policy No. 100-03 (a)
F	Public Safety	6	Per policy No. 100-03 (a)
В	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
_			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
-			Ceremonial Role  Other  Income  Income  If checking "Ceremonial Role" or "Other" describe below:
_			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
_	(include address and description)		

**A Public Document** 

Ι.	Agency Name		Date Stamp	California 802			
	City of Lancaster					Form For Official Use Only	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Lancaster Choice Energy				JUN13'16pm12	PALIAN ALERY	
	Designated Agency Contact (	Name, Title)	OCIATO TORMIS	AT 108-OFFKK			
	Britt Avrit, City Clerk				Amendment (Must	Provide Explanation in Part 3.)	
	Area Code/Phone Number			_			
	661-723-6020	bavrit@cityoflanca	asterca.org		Date of Original Filing	(month, day, year)	
2.	Function or Event Infor	mation				04 ¢00	
	Does the agency have a tick	ket policy? Yes	s⊠ No□ F	ace Value of l	Each Ticket/Pass \$ 2	24-\$28	
	Event Description: Jethawks	s baseball games  Provide Title/ Exp.	Date(s)5	, 6 , 16	5 , 30 , 16		
	Ticket(s)/Pass(es) provided	by agency? Yes	No □ I	f no:	Name of Source	-	
	NA - tiplest distribution model	at the beheat					
	Was ticket distribution made of agency official?	e at the benest Yes	S∐ No⊠ "	yes	Official's Name (Last, First)		
	or agency emotar:						
3.	Recipients						
	Use Section A to identify the agen	cy's department or unit.	identify an individ	ual. • Use Section C to ider	ntify an outside organization.		
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
	Finance/IT	47	Per policy No. 100-03 (a)				
	Parks, Recreation & Arts	25	Per policy No. 100-03 (a)				
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	following:	
				187	nonial Role Other Cing "Ceremonial Role" or "Other" o		
	95-2				nonial Role  Other  Other  Other  Other  Other		
	C. Name of Outside O	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy		
	8						
_	Verification						
7.	I have read and understand FF with the requirements.	PPC Regulations 1894	14.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance	
(	Street ( Ch	# 1	Britt Avrit		City Clerk	6/13/16	

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



gency Name				
of Lancaster				
Recipients • Use Section A to identify the agency's department or uni	it. • Use Section B to	dentify an individual. • Use Section C to identify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy		
Development Services	79	Per policy No. 100-03 (a)		
Housing	28	Per policy No. 100-03 (a)		
Administration/HR/CC	16	Per policy No. 100-03 (a)		
LCE	8	Per policy No. 100-03 (a)		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:		
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:		
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:		
		Ceremonial Role Other Income  If checking "Ceremonial Role" or "Other" describe below:		
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy		

**A Public Document** 

	Agency Name				Date Stamp	California 802
	City of Lancaster			Form OUZ		
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Lancaster Choice Energy		TI MIT OUT Churt	014 110 01		
j	Designated Agency Contact (	(Name, Title)	OOMTO TOUMT	2:41:13-CLERK		
	Britt Avrit, City Clerk				Amandmant (16)	4 Describe Suplemention in Cont 2.)
	Area Code/Phone Number E-mail				Amenament (Mus	t Provide Explanation in Part 3.)
	661-723-6020	sterca.org		Date of Original Filing	g:(month, day, year)	
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ .	24
	Event Description: Jethawk	s baseball games			, 25 , 16	
	·	Provide Title/ Expla	anation			
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □ I	f no:	Name of Source	
	Was ticket distribution made	at the behest Vac	f yes:			
	of agency official?	e at the benest yes	L NOM .	, , , , , , , , , , , , , , , , , , , ,	Official's Name (Last, Firs	st)
<u> </u>	Recipients					
	• Use Section A to identify the agen	cy's department or unit.	identify an individ	ual. • Use Section C to ide	entify an outside organization.	
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made p	oursuant to the agency's policy
	Public Safety		5	Per policy N	o. 100-03 (a)	
	B. Name of Indi		Number of Ticket(s)/ Passes	Cerem	Identify one of the	
					king "Ceremonial Role" or "Other"	describe below:
					nonial Role Other or "Other" Other"	<del></del>
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose made p	oursuant to the agency's policy
— 4.	Verification			1		
	I have read and understand FF	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution se	t forth above, is in accordance
	with the requirements.					
	with the requirements	В	ritt Avrit		City Clerk	6/13/16

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1.	Agency Name		Date Stamp	California 802				
	City of Lancaster					Form OUZ		
	Division, Department, or Reg	ion (if applicable)			JUN13'16pm12)	For Official Use Only 41 19-CLERK		
	Lancaster Choice Energy							
	Designated Agency Contact	Name, Title)						
	Britt Avrit, City Clerk		Amandaras (1)	Provide Evelenation in Dark (1)				
	Area Code/Phone Number	E-mail		Amendment (Must F	Provide Explanation in Part 3.)			
	661-723-6020	bavrit@cityoflancast	erca.org		Date of Original Filing:	(month, day, year)		
<u>-</u>	Function or Event Infor	mation						
	Does the agency have a tick	ket policy? Yes ⊠	l No □ F	ace Value of	Each Ticket/Pass \$ $\frac{1}{2}$	4		
	Event Description: Jethawk				, 6 , 16			
	Ticket(s)/Pass(es) provided			f no:	Name of Source			
			_					
	Was ticket distribution made of agency official?	e at the behest Yes □	No⊠ <sup>I</sup>	f yes:	Official's Name (Last, First)			
3.	Recipients  • Use Section A to identify the agen	cy's department or unit. • U	lual. • Use Section C to iden	tify an outside organization.				
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy			
	LCE		4	Per policy N	cy No. 100-03 (a)			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the	following:		
				1	nonial Role Other C king "Ceremonial Role" or "Other" de			
					nonial Role Other C			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's polic			
Fran Sereseres, 641 W. Jackman St. Lancaster, CA 93534			4	Per policy N	o. 100-03 (e)			
	Beverly Cox, 43751 Frieda Lancaster, CA 93535	a Ct.	4	Per policy N	o. 100-03 (e)			
	Verification I have read and understand FF with the requirements	PPC Regulations 18944.	1 and 18942.	I have verified	that the distribution set t	forth above, is in accordance		
	// /// //							
	Sure Aut	Brit	t Avrit		City Clerk	6/13/16		

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1.	Agency Name				Date Stamp	California 802
	City of Lancaster					Form OUZ For Official Use Only
	Division, Department, or Reg	ion (if applicable)				For Official Ose Offig
	Lancaster Choice Energy		JUN13'16pm12:	41 :22-CLERK		
	Designated Agency Contact	Name, Title)				
	Britt Avrit, City Clerk				Amendment (Must i	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			l <del>-</del>	·
	661-723-6020	bavrit@cityoflanc	asterca.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy? Yes	s⊠ No□	Face Value of	Each Ticket/Pass \$ $\frac{2}{}$	U
	Event Description: LPAC ev				<u>, 13 , 16</u>	
	Event Description:	Provide Title/ Exp	lanation	Date(s)	//	
	Ticket(s)/Pass(es) provided			If no:	Name of Source	
	, , , , , , ,					
	Was ticket distribution made	e at the behest Yes	s□ No⊠	ıt yes:	Official's Name (Last, First)	
	of agency official?					
	Posiniente					
3.	Recipients  • Use Section A to identify the agen	cv's department or unit.	lual. • Use Section C to ider	itify an outside organization.		
	ose occuon A to identity the agen	e, o acparement or anne				
	A. Name of Agency, Department	Number of Ticket(s)/ Passes			rsuant to the agency's policy	
	Development Services	Development Services			o. 100-03 (e)	
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the	following:
	(==3, ) , ,		, 2300		nonial Role Other C	
					nonial Role  Other  Other  or "Other" d	
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
<b>—</b> 4.	Verification					
	I have read and understand FF with the requirements	PPC Regulations 189	44.1 and 18942	2. I have verified	that the distribution set	forth above, is in accordance
	VIII ( A A	7	Dritt Avrit		City Clark	6/13/16
-	Signature of Agency Head or Desig		Britt Avrit Print Name		City Clerk	(month, day, year)
	Signature of Agency Head or Desig	nee	i illit ivallie		TiuC	(monus, day, your)
	Comment:					