Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California City of Lancaster Form For Official Use Only Division, Department, or Region (if applicable) JUL06'15PM01|27:24-CLERK Designated Agency Contact (Name, Title) Britt Avrit, City Clerk Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 661-723-6020 bavrit@cityoflancasterca.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 24-\$28;parking \$5 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: <u>Jethawks baseball games</u> Date(s) 6 / 4 / 26 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: ____ Yes ⊠ No □ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ of agency official? 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. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes **Development Services** Per policy No. 100-03 (a) 35 Finance Per policy No. 100-03 (a) 18 Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Dirk & Danette Starkson, 2662 Shmily Ct. Per policy No. 100-03 (d) 25/4 Lancaster, CA 93536 Per policy No. 100-03 (d) David & DeeAnn Kojnik, 42185 Round Hill Dr. 25/4 Lancaster, CA 93534

4. Verification

I have read and understand FPPC Regulation	ns 18944.1 and 18942.	. I have verified that the	e distribution set fortl	n above, is in accordance
with the requirements.				,

Siche Cont	Britt Avrit	City Clerk	7/6/16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			



gency Name				
y of Lancaster Recipients				
-	t. • 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		
Admin/HR	29/1	Per policy No. 100-03 (a)		
Parks, Recreation & Arts	34	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 Income If checking "Ceremonial Role" or "Other" describe below:		
-		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:		
ů-		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		
Antique Car Club of America 4737 W Ave M-8, Quartz Hill, CA 93536	25	Per policy No. 100-03 (d)		
<u> </u>	-			

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions	
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A Public Document

1.	Agency Name				Date Stamp	California 802
	City of Lancaster					Form OUZ
	Division, Department, or Reg	ion (if applicable)			JULIO PAR CENT	For Official Use Only
	Lancaster Choice Energy				AACAD TOLW	01:27:29-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@cityoflan	casterca.org		Date of Original Filing	:(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy?	es⊠ No∏ F	Face Value of I	Each Ticket/Pass \$ 🖁	\$10, parking \$10
	Event Description: Thunder	on the Lot		Date(s)6	<u>, 11 , 16</u>	6 , 12 , 16
		Provide Title/ Ex	kplanation			
	Ticket(s)/Pass(es) provided	by agency? Ye	es 🖾 No 🔲 📗	f no:	Name of Source	
	Was ticket distribution made	at the behest va		f yes:		
	of agency official?	at the period: 46	S I NO M	. ,	Official's Name (Last, First,)
3.	•					
	Use Section A to identify the agen	cy's department or unit	. • Use Section B to	identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	ırsuant to the agency's policy
			1 43363			
						
	B. Name of Indi		Number of Ticket(s)/		Identify one of the	following:
	(Eddi, 1 no		Passes			
					onial Role Other I ing "Ceremonial Role" or "Other" d	
				Cerem	onial Role Other [Income
					ing "Ceremonial Role" or "Other" d	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made pu	rsuant to the agency's policy
	Amy Lomeli, 8542 W Ave C Lancaster, CA 93536	C-8	2/2	Per policy No	o. 100-03 (e)	
	Larry Whitman, 6103 W Av Lancaster, CA 93536	e K-9	2/2	Per policy No	o. 100-03 (e)	
1	Verification					
••	I have read and understand FPI	PC Regulations 190	144 1 and 18049	I have verified t	hat the distribution set t	forth above is in accordance
-	with the requirements	Chogulations 109	I and 10342.	i nave venneu u	iai ine aisinbullon Set I	orar above, is in accordance
	Street Chat		Britt Avrit		City Clerk	7/6/16
	Signature of Agency Head or Designation	e -	Print Name		Title	(month, day, year)
	Comment:					

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

Α	Pub	lic	Documer	١t

1.	Agency Name				Date Stamp	California Q02		
	City of Lancaster					Form OUZ		
	Division, Department, or Reg	ion (if applicable)				For Official Use Only		
	Lancaster Choice Energy				JUL06′16pm0	1:27:34-GLERK		
	Designated Agency Contact	Name, Title)						
	Britt Avrit, City Clerk		Amendment (Must	Provide Explanation in Part 3.)				
	Area Code/Phone Number E-mail			Amenament (mase)	TOVICE Explanation In Fait 5.7			
	661-723-6020	bavrit@cityoflar	ncasterca.org		Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	nation						
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ 9							
	Event Description: Jethawks	Provide Title/ E	xplanation	Date(s)	24 , 16			
	Ticket(s)/Pass(es) provided		•	f no:				
					Name of Source			
	Was ticket distribution made	at the behest Y	es □ No 図 □	f yes:	Official's Name (Last, First)			
	of agency official?							
3.	Recipients • Use Section A to identify the agen	cy's department or uni	t. • Use Section B to	identify an individ	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy		
	Development Services Parks, Recreation & Arts		8	Per policy N	cy No. 100-03 (a)			
			10	Per policy No	o. 100-03 (a)			
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	following:		
					onial Role Other ing "Ceremonial Role" or "Other" de	_		
	-				onial Role Other Ding "Ceremonial Role" or "Other" de			
	Name of Outside O		Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy		
	Bethany Plumbe, 2851 W . Lancaster, CA 93536	Ave L, #105	5	Per policy N	o. 100-03 (e)			
	Jessica Esteva, 44329 Coy Lancaster, CA 93536	ote Brush St.	5	Per policy N	o. 100-03 (e)			
4.	Verification							
	I have read and understand FP with the requirements.	PC Regulations 18	944.1 and 18942.	l have verified t	hat the distribution set f	orth above, is in accordance		
	Sicre Clert		Britt Avrit		City Clerk	7/6/16		
	Signature of Agency Head or Design	ee	Print Name		Title	(month, day, year)		
	Comment:							



Number	identify an individual. • Use Section C to identify an outside organization.
of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Number of Ticket(s)/ Passes	Identify one of the following:
	Ceremonial Role Other Income 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:
Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
5	Per policy No. 100-03 (e)
5	Per policy No. 100-03 (e)
	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 5

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions		A Public Document
	Agency Name				Date Stamp	California Form 802
	City of Lancaster	ion (if annihable)				For Official Use Only
	Division, Department, or Reg	ion (if applicable)				l or omake doo only
	Lancaster Choice Energy				JUL061694	101:27:39-CLERK
	Designated Agency Contact	Name, Title)				ATTION OFFICE
	Britt Avrit, City Clerk				Amendment (Mus	st Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			-	,
	661-723-6020	bavrit@cityoflancas	sterca.org		Date of Original Filing	g:(month, day, year)
2.	Function or Event Infor	mation				24 \$29
	Does the agency have a tick		X No 🗌 📗	Face Value of	Each Ticket/Pass \$,	24-φ20
	Event Description: Jethawks	s baseball games Provide Title/ Explai	nation	Date(s) <u>6</u>	<u>/ 4 / 16</u>	6 , 26 , 16
	Ticket(s)/Pass(es) provided			f no:		
			_		Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes [□ No⊠ ^I	f yes:	Official's Name (Last, Firs	st)
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	lual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made p	oursuant to the agency's policy
	Finance/IT	34	Per policy N	o. 100-03 (a)		
	Parks, Recreation & Arts	16	Per policy No. 100-03 (a)			
	B. Name of Indi (Last, Firs	Number of Ticket(s)/ Passes		Identify one of the	e following:	
		300	2		nonial Role Other sing "Ceremonial Role" or "Other"	
	*				nonial Role Other Ceremonial Role" or "Other"	_
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made p	ursuant to the agency's policy
+ .	I have read and understand FP with the requirements.	PC Regulations 18944	.1 and 18942.	l have verified t	hat the distribution set	forth above, is in accordance

Britt Avrit

Print Name

Comment: _

7/6/16 (month, day, year)

City Clerk



Con	tinuation Sheet		A Public Document						
Age	ncy Name								
ity o	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						
C	Development Services	55	Per policy No. 100-03 (a)						
Н	lousing	6	Per policy No. 100-03 (a)						
_	Administration/CC	32	Per policy No. 100-03 (a)						
ī	_CE	18	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 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						
_									

Agency Report of:

A Public Document

Agency Name					Date Stamp	California Q02
City of Lancaster						Form OUZ
Division, Department, or Reg	ion (if applicable)				المناه عالية.	For Official Use Only
Lancaster Choice Energy					OOCOO TOUMOT	FUAR-OCEKK
Designated Agency Contact (Name, Title)						
Britt Avrit, City Clerk					Amendment (Must Pr	ovide Explanation in Part 3 \
Area Code/Phone Number	E-mail				Amendment (wast)	Svide Explanation III i are 3.)
661-723-6020	bavrit@cityot	flancast	erca.org		Date of Original Filing: _	(month, day, year)
Function or Event Infor	mation					
		Vaa IV	No 🗆 - F	Face Value of I	Each Ticket/Pass \$ 24	
Event Description: Jerrawks	Provide Tit	le/ Evnlana	tion [Date(s)	1 0 10	6 , 6 , 16
Ticket(s)/Pass(es) provided				f no:		
	-, -9, .	100 🔼	110 🗀	110,50	Name of Source	
	e at the behest	Yes 🗌	No 🗵 📑	f yes:	Official's Name (Last, First)	
of agency official?					5	
Paciniants						
•	ocy's department or	unit • He	se Section R to	identify an individ	ual • Use Section C to identi	fy an outside organization
- Ose Section A to identity the agen	icy's department of	unit. O		I I I I I I I I I I I I I I I I I I I	uai. Ose section e to identi	ry an outside organization.
A. Name of Agency, Depa	artment or Unit		of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
Public Safety			18	Per policy No	o. 100-03 (a)	
			Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
						Income In
				1		Income Income
			Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
5						
 Verification						
	PC Regulations	18944.1	and 18942.	I have verified to	hat the distribution set for	th above, is in accordance
111						
Staried 14		Rritt	Avrit		City Clerk	7/6/16
	City of Lancaster Division, Department, or Reg Lancaster Choice Energy Designated Agency Contact Britt Avrit, City Clerk Area Code/Phone Number 661-723-6020 Function or Event Infor Does the agency have a tick Event Description: Jethawk Ticket(s)/Pass(es) provided Was ticket distribution made of agency official? Recipients • Use Section A to identify the agen A. Name of Agency, Deparation of Agency, Deparat	City of Lancaster Division, Department, or Region (if applicable) Lancaster Choice Energy Designated Agency Contact (Name, Title) Britt Avrit, City Clerk Area Code/Phone Number E-mail 661-723-6020 bavrit@cityof Function or Event Information Does the agency have a ticket policy? Event Description: Jethawks baseball gam Provide Tit Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or A. Name of Agency, Department or Unit Public Safety B. Name of Individual (Last, First) Verification I have read and understand FPPC Regulations	City of Lancaster Division, Department, or Region (if applicable) Lancaster Choice Energy Designated Agency Contact (Name, Title) Britt Avrit, City Clerk Area Code/Phone Number E-mail bavrit@cityoflancaste Function or Event Information Does the agency have a ticket policy? Yes \(\text{ Yes} \) Event Description: \(\text{ Jethawks baseball games} \) Frovide Title/ Explana Ticket(s)/Pass(es) provided by agency? Yes \(\text{ Was ticket distribution made at the behest Yes} \) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use A. Name of Agency, Department or Unit Public Safety Name of Individual (Last, First) Verification I have read and understand FPPC Regulations 18944.1	City of Lancaster Division, Department, or Region (if applicable) Lancaster Choice Energy Designated Agency Contact (Name, Title) Britt Avrit, City Clerk Area Code/Phone Number	City of Lancaster Division, Department, or Region (if applicable) Lancaster Choice Energy Designated Agency Contact (Name, Title) Britt Avrit, City Clerk Area Code/Phone Number E-mail bavrit@cityoflancasterca.org Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Event Description: Jethawks baseball games Date(s) 6 Provide Title/ Explanation If no: If yes: of agency official? Was ticket distribution made at the behest Yes No If no: If yes: of agency official? Recipients - Use Section A to identify the agency's department or unit Use Section B to identify an individ A. Name of Agency, Department or Unit Number of Ticket(s)/ Passes Describe the Public Safety 18 Per policy Not Passes Cerem If check Passes Cerem If check Passes Cerem If check Passes Cerem If check Passes Per policy Not Passes Describe the Public Safety Describe the Passes Describe t	City of Lancaster Division, Department, or Region (if applicable) Lancaster Choice Energy Designated Agency Contact (Name, Title) Britt Avrit, City Clerk Area Code/Phone Number E-mail Date of Original Filling: Date

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

A	n	. 6. 1	: -				
A	Pu	IOI	IC	DΟ	CI	JM	ent

					W==		
1.	Agency Name		Date Stamp	California 802			
	City of Lancaster				Form 002		
	Division, Department, or Reg	ion (if applicable)		For Official Use Only			
	Lancaster Choice Energy		JUL06'16PM01	יישייאס. או דמע			
	Designated Agency Contact	Name, Title)	AOTAO TOLWAT	47,45-ULERK			
	Britt Avrit, City Clerk						
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)		
	661-723-6020	bavrit@cityoflanca	sterca.org		Date of Original Filing: .	(month, day, year)	
2.	Function or Event Infor						
	Does the agency have a tick	ket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ 12	 	
	Event Description: <u>Jethawk</u>	s baseball games Provide Title/ Expla	[anation	Date(s) 6	, 19 , 16	6 , 25 , 16	
	Ticket(s)/Pass(es) provided		f no:	Name of Source			
	Was ticket distribution made	at the behest Yes	□ No⊠ ^I	f yes:	Official's Name (Last, First)		
	of agency official?						
3.	• Use Section A to identify the agen A. Name of Agency, Depart		Number of Ticket(s)/	T		ify an outside organization.	
		Passes		" N 400 00 ()			
	Parks, Recreation & Arts		8	Per policy No. 100-03 (a)			
	Finance	5	Per policy No. 100-03 (a)				
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:	
					onial Role Other of the one of the other		
) 				onial Role Other ing "Ceremonial Role" or "Other" des	-	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy	
	Diane Vine, 25101 Bear Vi Tehachapi, CA	alley Rd, #356	4	Per policy No	o. 100-03 (e)		
	Carina Hernandez, 5744 K Palmdale, CA 93552	nightbridge Ct	4	Per policy No	o. 100-03 (e)		
4	Verification						
Τ.	I have read and understand FP with the requirements.	PC Regulations 18944	4.1 and 18942.	I have verified t	hat the distribution set fo	orth above, is in accordance	
_	Sur Chit	В	ritt Avrit		City Clerk 7/6/16		
	Signature of Agency Head or Design	ee P	rint Name		Title	(month, day, year)	
	Comment:						



Agency Name ity of Lancaster							
Reci	ipients 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.						
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy Per policy No. 100-03 (a)				
Deve	lopment Services	18					
LCE		4	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 Income If checking "Ceremonial Role" or "Other" describe below:				
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:				
8			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:				
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:				
С.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				