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

_	A N				= : =:	
1.	Agency Name				Date Stamp	California 802
	City of Lancaster			Form OUZ		
	Division, Department, or Region (	if applicable)		For Official Use Only		
	Decimented Assessed Contract (Normal	- T'H-)		AUG11/16pm04;	06 10-CLERK	
	Designated Agency Contact (Nam	e, ritie)				
	Britt Avrit, City Clerk				Amendment (Must i	Provide Explanation in Part 3,)
	Area Code/Phone Number E-m	nail				
	661-723-6020 ba	vrit@cityoflancas	terca.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Informat	ion				
	Does the agency have a ticket p	oolicy? Yes	No □ F	ace Value of I	Each Ticket/Pass $\frac{2}{}$	4-\$28;parking \$5
		-			4 16	
	Event Description: Jethawks ba	Provide Title/ Explana		Jate(s)		7 24 10
	Ticket(s)/Pass(es) provided by a	•		f no:		
		.955)			Name of Source	
	Was ticket distribution made at t	he behest Yes	] No 🗵 🏻 l'	f yes:	Official's Name (Last, First)	
	of agency official?				Official's Name (Last, First)	
 3.	Recipients					
ა.	• Use Section A to identify the agency's d	epartment or unit. • U	Jse Section B to	identify an individ	ual. • Use Section C to iden	tify an outside organization.
	coe decion it to identify the agone, ou	opartment of anal.	Number	I		an output organization.
	A. Name of Agency, Departme	of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy	
	Development Services	49/2	Per policy No	o. 100-03 (a)		
	Finance	6	Per policy No	o. 100-03 (a)		
	B. Name of Individua (Last, First)	ı	Number of Ticket(s)/ Passes	1111	Identify one of the	following:
	•				onial Role Other on onial Role Other of Other of Other of Other of Other of Other other	_
					onial Role Other on "Other" de	
	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
	Desert Christian X-Country; 2340 W. Ave. J-8 Lancaster, CA 93536		25/2	Per policy No. 100-03 (i)		
	Christian Life Assembly;920 W. Valley Blvd. Tehachapi, CA 93561		25/4	Per policy No	lo. 100-03 (d)	
4.	Verification			*		
٠.	I have read and understand FPPC I with the requirements.	Regulations 18944.	1 and 18942.	I have verified t	hat the distribution set f	orth above, is in accordance
, de	Deva Chit	Deit	tt Avrit		City Clerk	8/1116
-	Signature of Agency Head or Designee		nt Name		Title	(month, day, year)
	Comment:					,, == <b>/, / -</b> =



of 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						
Admin/HR/CC	52/6	Per policy No. 100-03 (a)						
Parks, Recreation & Arts	15/3	Per policy No. 100-03 (a)						
LCE	6	Per policy No. 100-03 (a)						
Housing	12/1	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 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						
Christian Life Assembly;920 W. Valley Blvd. Tehachapi, CA 93561	25/4	Per policy No. 100-03 (d)						

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

California 802		
For Official Use Only		
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7 , 24 , 16		
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me (Last, First)		
пе (Last, First)		
ction C to identify an outside organization.		
ose made pursuant to the agency's policy		
a)		
Per policy No. 100-03 (a)		
fy one of the following:		
Other Income Role" or "Other" describe below:		
Other Income Role" or "Other" describe below:		
ose made pursuant to the agency's policy		
(e)		
ibution set forth above, is in accordance		
Clerk 8/11/16		



gency Name								
y of Lancaster								
Recipients  • Use Section A to identify the agency's department or ur	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						
Housing	4	Per policy No. 100-03 (a)						
LCE	4	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:						
<u></u>		Ceremonial Role  Other  Income  Income  Income  Other  Oth						
		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						

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

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1.	Agency Name				Date Stamp	California 802
	City of Lancaster					Form OUZ
	Division, Department, or Reg	on (if applicable)				For Official Use Only
	Lancaster Choice Energy				AUG11'16pm04:06	19-CLERK
	Designated Agency Contact (	Name, Title)				
	Britt Avrit, City Clerk				Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	661-723-6020	bavrit@cityoflanca	asterca.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	nation				
	Does the agency have a tick	et policy? Yes	⊠ No □ F	ace Value of I	Each Ticket/Pass \$ 24-	\$28
	Event Description: Jethawks			_	4 , 16	
	Ticket(s)/Pass(es) provided	•		f no:	Name of Source	
	Was ticket distribution made	at the behest Yes	□ No⊠ If	yes:	Official's Name (Last, First)	
	of agency official?				,,,	
3. Recipients  • Use Section A to identify the agency's department or unit.			Number			
	A. Name of Agency, Depa	of Ticket(s)/ Passes	Describe the	ne public purpose made pursuant to the agency's policy		
	Finance	3	Per policy No. 100-03 (a)			
	Parks, Recreation & Arts		59	Per policy No	o. 100-03 (a)	
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
				1	onial Role Other Other ing "Ceremonial Role" or "Other" descr	Income In
					onial Role Other Officer or "Other" descri	Income In
C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
Professionals in Human Resources Assoc PO Box 2110, Lancaster 93539		18	Per policy No	o. 100-03 (m)		
	Dr. Brian Benefiel 44725 10th St. W., #290, L	ancaster 93534	18	Per policy No	o. 100-03(h)	
ļ.	Verification		**			
1	I have read and understand FP with the requirements.	PC Regulations 1894	4.1 and 18942.	l have verified ti	hat the distribution set fort	th above, is in accordance
1	Brote Chi		Britt Avrit	0 5	City Clerk	8/11/16
	Signature of Agency Head or Designo	ee F	Print Name	7.4	Title	(month, day, year)
	Comment:					



Agency	Name
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City of Lancaster

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3.	-	ALD:	110	ents
J.	NE	LIL	ш	HILS

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	26	Per policy No. 100-03 (a)
Housing	5	Per policy No. 100-03 (a)
Administration	13	Per policy No. 100-03 (a)
LCE	30	Per policy No. 100-03 (a)
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 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

### **Agency Report of:**

Comment: \_\_\_\_\_

## Ceremonial Role Events and Ticket/Pass Distributions

				Distributions		A Public Documen
. Agency Na	ame				Date Stamp	California 802
City of Land	caster				1	
Division, Dep	partment, or Reg	ion (If Applicabl	1	For Official Use Only		
					ALIG11/16PM04	4:06:24-CLERK
Designated /	Designated Agency Contact (Name, Title)					1000000
Britt Avrit, City Clerk						
Area Code/P	hone Number	E-mail			Amendment (Must pr	rovide explanation in Part 3.)
661-723-602	20	bavrit@city	oflancasterca	n.org	Date of Original Filing: _	(Month, Day, Year)
Function	or Event Infor	mation				(, 20), 101)
Does the age	ency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	20/parking \$10
Event Deseri	ntian July 4th Ad	ctivities	_	—	<u>, 4 , 16</u>	
Event Desch	ption July 4th A	Provide Title/Exp	olanation	Date(s)		
Ticket(s)/Pas	ss(es) provided by	y agency?	Yes □ No	If no: Antelo	pe Valley Fair Associa	tion
Mes est of the	_4_!	441				rce
of agency of	stribution made a fficial?	tne benest	No ☐ Yes	☑ If yes: Bozig	Official's Name (L.	ast. First)
Recipients  • Use Section A		v's department or	runit. • Use Sec	ction B to identify an individu	ual. ● Use Section C to identi	fy an outside organization.
Name of Agency, Department or Unit  Administration			Number of Ticket(s)/ Pass(es)	Number of Ticket(s)/ Describe the public purpose made purs		
		42/20	42/20 Per policy 100-03 (h)			
В.	Name of Individua	al .	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
-			rass(es)	Ceremonial Role	Other $\square$	Income C
Parris, R. Re	ex				ial Role" or "Other" describe below:	ilicome
			2	Per policy 100-03 (	h)	
-				Ceremonial Role	X Other	Income 🗀
Crist, Marvir	1		2		al Role" or "Other" describe below:	
				Per policy 100-03 (I	ר)	
	ne of Outside Organ de address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
(	222 3		Pass(es)			
Verification	27/00	lations 18044 1 one	d 18042   have ve	rified that the distribution and fo	orth above, is in accordance with	the requirements
NII	1 //1 2					
						8/11/16
I have read and ur	nderstand FPP6/Regul	lations 18944.1 and	d 18942. I have ve Britt Avi Print Name	rit	orth above, is in accordance with City Clerk Title	



gency Name City of Lancaster				
Recipients  • Use Section A to identify the agency's department	or unit. • Use Se	ction 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)	Identify an individual. • Use Section C to identify an outside organization.  Describe the public purpose made pursuant to the agency's policy    Identify one of the following:   Income   Inco		
B. Name of Individual	Number of Ticket(s)/	Identify one of the following:		
Malhi, Raj	Pass(es)	Ceremonial Role  Other  Income  Income  If checking "Ceremonial Role" or "Other" describe below:		
Mann, Kenn	2	If checking "Ceremonial Role" or "Other" describe below:		
Underwood-Jacobs	2	If checking "Ceremonial Role" or "Other" describe below:		
Bozigian, M	2	If checking "Ceremonial Role" or "Other" describe below:		
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		
l <u>u</u>				

### **Agency Report of:**

Comment: \_\_\_\_\_

### Ceremonial Role Events and Ticket/Pass Distributions

				A Fublic Document
Agency Name			Date Stamp	California 802
City of Lancaster				
Division, Department, or Region (If Applicat	ble)		For Official Use Only	
			AUG11'16pm04	1:06:29-GLERK
Designated Agency Contact (Name, Title)			1	
Britt Avrit, City Clerk	-		Amountain of the control	The second secon
Area Code/Phone Number E-mail		.   Amendment (Must p.	rovide explanation in Part 3.)	
661-723-6020 bavrit@city	yoflancasterca	.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				00/640
Does the agency have a ticket policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	20/\$10 parking
Event Description July 4th Activities		Date(s)7	<u>, 4 , 16</u>	
Provide Title/Ex	cplanation			
Ficket(s)/Pass(es) provided by agency?	Yes ☐ No	✓ If no: Antelo	pe Valley Fair Associa	tion
Nos tiakat distribution made at the habit		Bozia		arce .
Vas ticket distribution made at the behest of agency official?	No ☐ Yes	☑ If yes: Bozig	Official's Name (L	ast, First)
Recipients  Use Section A to identify the agency's department of	or unit. • Use Sec	tion B to identify an individu	ıal.   • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	Pass(es)			
	Number of			
Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	1 455(65)	Ceremonial Role	Other	Income
/ierra, David	2/1	If checking "Ceremonial Role" or "Other" describe below:		
	2/1	Per policy 100-03 (I	h)	
		Ceremonial Role   If checking "Ceremoni	Other Land Other Color of the C	Income
Name of Outside Organization	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy
(include address and description)	Pass(es)	Seconde the publ	Parkasa maga haladalit	to the agency o poncy
4 101 41				
/erification				
<b>/erification</b> have read and understand FDPG Regulations 18944.1 a	nd 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.
	nd 18942. I have ve Britt Avi		orth above, is in accordance with	th the requirements. 8/11/16