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						A I abile became
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				SEP06'16pm01	:3426-CLERK
	<b>Designated Agency Contact</b>	(Name, Title)				
	Britt Avrit, City Clerk					12 11 5 1 11 1 2 12 1
	Area Code/Phone Number	E-mail			Amendment (Mus	st Provide Explanation in Part 3.)
	661-723-6020	bavrit@cityoflanca	sterca.org		Date of Original Filin	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 \$	14
	Event Description: Jethawks		[		, 1 , 16	8 , 31 , 16
	Ticket(s)/Pass(es) provided	· ·		f nos		
	nonot(o)n abb(ob) provided	by agonoy: 1es		1110.	Name of Source	
	Was ticket distribution made	at the behest Yes	□ No⊠ <sup>I</sup>	f yes:	Official's Name (Last, Firs	-11
	of agency official?				Oπciai's Name (Last, Firs	;t)
 3.	Recipients					
٠.	• 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	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
	Parks, Recreation & Arts		4	Per policy No	o. 100-03 (a)	
	Development Services		8	Per policy No	o. 100-03 (a)	
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the	e following:
				1	onial Role Other ing "Ceremonial Role" or "Other"	
					onial Role Other ing "Ceremonial Role" or "Other"	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made p	ursuant to the agency's policy
	Melissa Grub, 554 E. Ivyto Lancaster, CA 93535	n St.	4	Per policy No	o. 100-03 (e)	
	Amanda Delamotte, 35906 Palmdale, CA 93552	55th St. East	4	Per Policy N	o. 100-03 (e)	
i.	Verification		-	-		
	I have read and understand FP with the requirements	PC Regulations 1894	1.1 and 18942.	I have verified t	hat the distribution set	forth above, is in accordance
_	Signature of Agency Head or Design		ritt Avrit	***************************************	City Clerk	9/6/16 (month, day, year)
	Comment:		THE PROPERTY		TIUG	(mona), uay, yedi)

**Agency Report of:** Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** City of Lancaster For Official Use Only Division, Department, or Region (if applicable) Lancaster Choice Energy SEP06'16pm01:34|31-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 \$ 14 Does the agency have a ticket policy? Yes⊠ No□ Event Description: <u>Jethawks baseball games</u> Date(s) \_ 8 \_ / 1 \_ / 31 , 16 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: \_ Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: \_ Official's Name (Last, First) 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes LCE Per Policy No. 100-03 (a) 4 Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other  $\square$ 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 C. (include address and description) Passes Per Policy No. 100-03 (e) Ryan White, 35906 55th St. East 4 Palmdale, CA 93552 Per Policy No. 100-03 (e) Pamela Olson, PO Box 1526 4 Rosamond, CA 93560 4. Verification

Britt Avrit City Clerk 9/6/16
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

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.

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



gency Name y 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					
B. Name of Individual	Number	Identify one of the following:					
(Last, First)	of Ticket(s)/ Passes	Ceremonial Role Other Income Income Income Income					
		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					
Jessica Esteva, 44329 Coyote Brush St. Lancaster, CA 93536	4	Per Policy No. 100-03 (e)					
Emmanuel Contreras, 43028 30th St. W Lancaster, CA 93536	4	Per Policy No. 100-03 (e)					
Teresa Bouthillie, 4622 Paseo Fortuna Palmdale, CA 93551	4	Per Policy No. 100-03 (e)					
Pamela Olson, PO Box 1526 Rosamond, CA 93560	4	Per Policy No. 100-03 (e)					

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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				CEDACH CALIC	n diam of core
	<b>Designated Agency Contact</b>	(Name, Title)			SEP06/16pm01%	34G37-GLERK
	Britt Avrit, City Clerk					
	Area Code/Phone Number   E-mail				Amendment (Must F	Provide Explanation in Part 3.)
					Date of Original Filing:	
_	661-723-6020	bavrit@cityoflar	icasterca.org			(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy?	es⊠ No□ F	ace Value of	Each Ticket/Pass \$	1
	Event Description: Jethawk					8 , 31 , 16
	Event Description:	Provide Title/ E	L Explanation	Jate(s)	<i></i>	0 01 10
	Ticket(s)/Pass(es) provided			f no:		
		, , , , , , , , , , , , , , , , , , , ,		-	Name of Source	
	Was ticket distribution made	e at the behest Y	es □ No ⊠ <sup>I</sup>	f yes:	Official's Name (Last, First)	
	of agency official?				Official's Name (Last, First)	
_						
3.	Recipients					
	Use Section A to identify the agen	ıcy's department or uni	t. • Use Section B to	identify an individ	lual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy
			Passes			
	D. Nove of Indi	haldanal	Number			
	B. Name of Indi		of Ticket(s)/ Passes		Identify one of the f	ollowing:
				Ceren	nonial Role  Other	Income
				1	king "Ceremonial Role" or "Other" de	
				Coron	nonial Role  Other	Income
				1	king "Ceremonial Role" or "Other" de	
			Number	<b>.</b>		
	C. Name of Outside O (include address and		of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy
			Passes			
	Stefani Esteva, 44329 Coy	ote Brush St.	4	Per Policy N	lo. 100-03 (e)	
	Lancaster, CA 93536					
4.	Verification					
	I have read and understand FP	PC Regulations 18	944.1 and 18942.	I have verified t	that the distribution set fo	orth above, is in accordance
	with the requirements	-				
	Suff ( Shut		Britt Avrit		City Clerk	9/6/16
	Signature of Agency Head or Design	nee	Print Name		Title	(month, day, year)
	THE STATE OF THE S					
	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp **Form** City of Lancaster For Official Use Only Division, Department, or Region (if applicable) SEP06'16PM01:34:09-CLERK Lancaster Choice Energy Designated Agency Contact (Name, Title) Britt Avrit, City Clerk Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 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 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: <u>Jethawks</u> baseball games Date(s) 8 / 1 / 31 , 16 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If yes: \_ Was ticket distribution made at the behest Yes ☐ No 🗵 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes Per policy No. 100-03 (a) Finance 11 Per policy No. 100-03 (a) Parks, Recreation & Arts 26 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income C 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 Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** Per policy No. 100-03 (o) Stacey Paterson 18 5634 W Ave M-4, Quartz Hill, 93536

Britt Avrit City Clerk 9/6/16
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

4. Verification

with the requirements.

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



Agency Name	=			
City of Lancaster				

### 3. Recipients

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	29	Per policy No. 100-03 (a)
Housing	11	Per policy No. 100-03 (a)
Administration	1	Per policy No. 100-03 (a)
LCE	36	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
		¥

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1.	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				SEP06/16pm01%	34 15-CLERK
	Designated Agency Contact	Name, Title)				
	Britt Avrit, City Clerk					
	Area Code/Phone Number	E-mail			I ∐ Amendment (Must≀	Provide Explanation in Part 3.)
	661-723-6020		etoroo ora		Date of Original Filing:	
_		bavrit@cityoflanca	isici ca.ury			(month, day, year)
2.	Function or Event Infor	mation			2	∕∕_ <b>\$</b> 28
	Does the agency have a tick	ket policy? Yes	⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$ $\frac{2}{}$	-+-ψΔΟ
	Event Description: Jethawks	s baseball games		Date(s) 8	, 1 , 16	8 , 31 , 16
	Evolit Doodilption.	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	□ No⊠ <sup>I</sup>	f yes:	Official's Name (Last, First)	111
	of agency official?					
3.	Recipients					
J.	• Use Section A to identify the agen	cy's department or unit	Use Section B to	identify an individ	ual. • Use Section C to iden	itify an outside organization.
	To strain to recently the agen	-/ 2 and marine of mitte	Number	The state of the s		,
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
	Public Safety		16	Per policy No	o. 100-03 (a)	
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the	following:
	(Last, First	st)	Passes			
					onial Role Other Cing "Ceremonial Role" or "Other" do	
					onial Role Other Cing "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
_	Verification			l		
⋆.	I have read and understand FP with the requirements	PC Regulations 1894	4.1 and 18942.	I have verified t	hat the distribution set t	forth above, is in accordance
\	Diese ( Out		ritt Avrit		City Clerk	9/6/16
	Signature of Agency Head or Design	ee F	Print Name		Title	(month, day, year)
	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** City of Lancaster For Official Use Only Division, Department, or Region (if applicable) SEP13'16AM09:55:37-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) \_\_8 \_/\_ 1 \_/ 31 / 16 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: \_ Official's Name (Last, First) 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. **Passes Development Services** Per Policy No. 100-03 (a) 18/5 Finance Per Policy No. 100-03 (a) 19/2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Income Carter, Sheldon 25/4 If checking "Ceremonial Role" or "Other" describe below: Per Policy No. 100-03 (h) Ceremonial Role Income Other 🔀 Crist, Marvin 25/5 If checking "Ceremonial Role" or "Other" describe below: Per Policy No. 100-03 (h) Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** Per Policy No. 100-03 (e) Harvey & Denise Holloway, 25/5 42402 10th St. W., Ste. E, Lancaster, 93536 Per Policy No.100-03 (h) Rottman Drilling 25 46471 N. Division, Lancaster, 93534

# 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 9/13/16 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_

4. Verification



A Public Document								
gency Name								
y of Lancaster								
Recipients • Use Section A to identify the agency's department or unit	ecipients se 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/Comm/ED	65/14	Per Policy No.100-03 (a)						
Parks, Recreation & Arts	45/8	Per Policy No.100-03 (a)						
LCE	3/1	Per Policy No.100-03 (a)						
Housing	6/1	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						
EAFB Experimental Aircraft Assn	0.5	Per Policy No. 100-03 (d)						

25

25/4

Per Policy No. 100-03 (g)

3325 Lennox, Palmdale 93551

1833 W. Ave. J, Lancaster 93534

Calvary Chapel

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form City of Lancaster For Official Use Only Division, Department, or Region (if applicable) SEP06'16PM01:34:56-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 \$ 7-30 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: AV Fair Admission & Events/Parking Date(s) \_ 8 / 19 / 28 16 Provide Title/ Explanation If no: Antelope Valley Fair Authority, JPA Ticket(s)/Pass(es) provided by agency? Yes □ No 🗵 Name of Source If yes: Bozigian, Mark Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? 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. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Housing Per Policy No. 100-03 (a) 10 Finance Per Policy No. 100-03 (a) 10 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other  $\Pi$ Income Underwood-Jacobs, Angela If checking "Ceremonial Role" or "Other" describe below: 12 Per Policy No. 100-03 (h) Ceremonial Role Other  $\square$ Income \_\_\_ Malhi, Rai If checking "Ceremonial Role" or "Other" describe below: 9 Per Policy No. 100-03 (h) Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** Per Policy No. 100-03 (o) Mavra Maturana 4 43364 10th Street W., Lancaster 93534 Per Policy No. 100-03 (o) Leo Stallworth - Time Warner Cable 2 41551 10th St. W., Lancaster 93534

4.	Verification			
	I have read and understand FPPC Regu with the requirements.	lations 18944.1 and 18942. I have t	verified that the distribution set fort	h above, is in accordance
	Shote Chit	Britt Avrit	City Clerk	9/6/16
	Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:

## 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 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				
Development Services	73	Per Policy No. 100-03 (a)				
Administration/CC/HR/Communications	52/5	Per Policy No. 100-03 (a)				
ІТ	6	Per Policy No. 100-03 (a)				
LCE	6	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 Income If checking "Ceremonial Role" or "Other" describe below:				
		Ceremonial Role  Other  Income  Income				
		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				
\$						

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1.	Agency Name				Date Stamp	California Q02				
	City of Lancaster					Form OUZ				
	Division, Department, or Reg	ion (if applicable)		For Official Use Only						
				SEP06/16pm01:	34:59-CLERK					
	Designated Agency Contact	(Name, Title)	OCI VO TOLINATI	DAMO OLLIN						
	Britt Avrit, City Clerk			Amendment (Must Provide Explanation in Part 3.)						
	Area Code/Phone Number	rea Code/Phone Number E-mail								
	661-723-6020	bavrit@cityoflanca	isterca.org		Date of Original Filing:	(month, day, year)				
2.	Function or Event Infor	mation								
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ 7-30									
	Event Description: AV Fair	Admission & Events	, 19 , 16	8 , 28 , 16						
	Ticket(s)/Pass(es) provided	by agency? Yes	Valley Fair Authority	, JPA						
			1	f yes: Bozigiar	Name of Source					
	Was ticket distribution made	e at the behest Yes	⊠ No □	ryes: <u>Dozigidi</u>	Official's Name (Last, First)	#				
	of agency official?									
3.	Recipients									
	• Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to iden	tify an outside organization.				
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy				
	Public Safety		10	Per Policy N	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 X Other I	_				
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy				
	<u> </u>									
4	Verification									
*•	I have read and understand FP with the requirements.	PC Regulations 1894	4.1 and 18942.	l have verified t	hat the distribution set f	orth above, is in accordance				
			ritt Avrit		City Clerk	9/6/16				
	Signature of Agency Head or Design		Print Name		Title	(month, day, year)				
	Comment:									