## Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

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м.		1171	116.	1 70	3C . L		

1. Agency Name				Date Stamp	California 802	
City of Lancaster					Form OUZ	
Division, Department, or Region (if applic	able)				For Official Use Only	
Lancaster Choice Energy	NOU15'16PM01:27	13-CLERK				
Designated Agency Contact (Name, Title)						
Britt Avrit, City Clerk	Britt Avrit, City Clerk					
Area Code/Phone Number E-mail				Amendment (Must Pro	The Experience of the Say	
661-723-6020 bavrit@d	ityoflancaste	erca.org		Date of Original Filing:	(month, day, year)	
2. Function or Event Information						
Does the agency have a ticket policy?	Vec ™	No □ F	Face Value of t	Each Ticket/Pass \$ 54		
					65 88	
	ide Title/ Explana	tion [	Date(s)	<u>, 11 , 16</u> _		
Ticket(s)/Pass(es) provided by agency			f no:	Name of Source		
		_				
Was ticket distribution made at the be	hest Yes □	No⊠ <sup>I1</sup>	f yes:	Official's Name (Last, First)	-	
of agency official?						
3. Recipients						
• Use Section A to identify the agency's department	ent or unit. • Us	se Section B to	identify an individ	lual. • Use Section C to identif	y an outside organization.	
A. Name of Agency, Department or Ur	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's pol				
		Passes				
<u> </u>						
-						
B. Name of Individual	Number of Ticket(s)/	Identify one of the following:				
(Last, First)		Passes			_	
				nonial Role  Other  Other  Other  Other  Other  Other	Income Income	
			n cneck	ang deremental Note of Other descri		
			1	nonial Role	Income Income	
			ii checi	g constitution of other descri		
Number						
C. Name of Outside Organization (include address and description		of Ticket(s)/	Describe th	e public purpose made pursu	ant to the agency's policy	
		Passes	Por Policy M	In 100 03 (a)		
Donna Witt; 2952 Golden Spur Rd. Acton, CA 93510		2	Per Policy N	lo. 100-03 (e)		
			Por Policy M	lo. 100-03 (e)		
Jeanette Olague; 358 Landsford St. Lancaster, CA 93535		2	Trei rolloy N	io. 100-03 ( <del>e</del> )		
	<u> </u>					
4. Verification	tions 40044 4	and 100.40	I have verified:	that the distribution set for	th above is in accordance	
I have read and understand FPPC Regula with the requirements.	uons 18944.1	ana 18942.	i riave ventied i	unat เกีย นิเรเกินน์เอก Set Tof	ит авоче, тъ та ассотиалсе	
Drue ( Out	D-:-	t Λισit		City Clark	11/15/16	
Signature of Agency Head or Designee		t Avrit		City Clerk	(month, day, year)	
Signature of Agency flead of Designee	11111				(	
Comment:						

## **Agency Report of:**

Comment: \_\_\_\_

## Ceremonial Role Events and Ticket/Pass Distributions

**A Public Document** 

			ACUI 433			A Public Document	
١,	Agency Name				Date Stamp	California 802	
	City of Lancaster						
1	Division, Department, or Regi	on (If Applicable		For Official Use Only			
					NOV16/16am09	:28:30-0 FRK	
3	Designated Agency Contact (	Name, Title)	MONTO TONNOC	San W			
	Britt Avrit, City Clerk						
	Area Code/Phone Number	E-mail	Amendment (Must provide explanation in Part 3.)				
	661-723-6020	oflancasterca	ora	Date of Original Filing:(Month, Day, Year)			
_			Jilai loasici ca	.019		(Month, Day, Year)	
	Function or Event Inform		🗔	□ Face Value (	of Each Ticket/Dass \$	79	
Does the agency have a ticket policy?		•	Yes⊠ No		of Each Ticket/Pass \$		
ı	Event Description LPAC Eve	nt		Date(s)	) , 11 , 16		
		Provide Title/Exp	olanation				
Ticket(s)/Pass(es) provided by agency?  Was ticket distribution made at the behest		Yes 🗵 No	☐ If no:	Name of Source			
		t the beheat	. =				
,	vvas ticket distribution made a of agency official?	t the benest	No⊠ Yes	☐ If yes:	Official's Name (Last, First)		
	Recipients  • Use Section A to identify the agency	ı'e denartment or	ual. • Use Section C to iden	tify an outside organization.			
		Number of					
	A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
- 12							
9.0							
0.	B. Name of Individua	ı	Number of Ticket(s)/		Identify one of the follow	ing:	
	(Lest, First)		Pass(es)				
Crist, Marvin			Ceremonial Role		Income		
		2	If checking "Ceremonial Role" or "Other" describe below:				
				Per Policy 100-03	(n)		
,	Al-		-	Onne manifel Bala	Other 🗍	Income T	
				Ceremonial Role  If checking "Ceremor	nial Role" or "Other" describe below:	ilicome L	
				•			
	Name of Outside Organ	ization	Number of			4 4	
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy	
99							
			-				
	Verification	52678					
	I have read and understand FPPC Regu	lations 18944.1 an /.	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance wi	th the requirements.	
	Dreet ( Cll of	2	Britt Av	rit	City Clerk	11/16/16	
	, , , , , , , , , , , , , , , , , , , ,						