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) Lancaster Choice Energy DECL5/16pm04:47|34-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 \$ 29 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: LPAC Events Date(s) __11__/_11__/ 19 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗀 Was ticket distribution made at the behest Yes ☐ No ☒ 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number B. 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 \square If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Per Policy 100-03 (e) Erin Kuester 2 3148 Summer Breeze Ave., Rosamond, 93560 Per Policy 100-03 (e) Jessica Esteva 2 5789 Golding Dr., Lancaster, CA 93536

4. Verification 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. Stott **Britt Avrit** City Clerk 12/15/16 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



Agency 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. Number							
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy					
-							
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 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 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					
Matthew Wallace 38703 Sienna Ct., Palmdale, CA 93550	2	Per Policy 100-03 (e)					
	-						

Agency Report of:

Comment: ___

Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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	Agency Name				Date Stamp	California 802		
	City of Lancaster Division, Department, or Region (If Applicable)				Form For Official Use Only			
						For Official Use Offiy		
					DEC15'16pm04	ייסייסטרו בפע		
	Designated Agency Contact (Name, Title)			DEOTO TOURDA	ANDUCTOUN		
	Britt Avrit, City Clerk				Amendment (Must provide explanation in Part 3.)			
0.000	Area Code/Phone Number	E-mail			l -	,		
	661-723-6020	bavrit@city	oflancasterca	ı.org	Date of Original Filing:	(Month, Day, Year)		
	Function or Event Infor	mation						
ı	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	29		
Event Description LPAC Event Provide Title.		nt		Date(s) 11	, 19 , 16			
	Event Description	Provide Title/Ex	planation	Dutc(0)	<u> </u>			
Ticket(s)/Pass(es) provided by agency?			Yes⊠ No	☐ If no:	Name of So			
Was ticket distribution made at the behest No ☒ Yes ☐ of agency official?			∐ If yes:	Official's Name (L	.ast, First)			
	Recipients • Use Section A to identify the agency	y's department o	or unit. • Use Sec	ction B to identify an individe	ıal. ■ Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant			
			Pass(es)					
			1					
101				Identify one of the following:				
	R_ Name of Individua	al	Number of		Identify one of the followi	ng:		
3	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:		
3	(Last, First)	al	Ticket(s)/	Ceremonial Role	Other 🛮	ng:		
)	B. Name of Individua (Last, First) Malhi, Raj	al	Ticket(s)/	If checking "Ceremon	Other ial Role" or "Other" describe below:			
3	(Last, First)	al	Ticket(s)/ Pass(es)		Other ial Role" or "Other" describe below:			
3	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremon	Other ial Role" or "Other" describe below:			
)	(Last, First)	al	Ticket(s)/ Pass(es)	Per Policy 100-03 (Other ial Role" or "Other" describe below: h)	Income		
3	(Last, First)	al	Ticket(s)/ Pass(es)	Per Policy 100-03 (Other ial Role" or "Other" describe below: h) Other	Income		
9	(Last, First) Malhi, Raj		Ticket(s)/ Pass(es)	If checking "Ceremon Per Policy 100-03 (Ceremonial Role If checking "Ceremon	Other A ial Role" or "Olher" describe below: h) Other ial Role" or "Olher" describe below:	Income Income		
9	(Last, First)	ization	Ticket(s)/ Pass(es)	If checking "Ceremon Per Policy 100-03 (Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below: h) Other	Income Income		
9	Malhi, Raj Name of Outside Organ	ization	Number of Ticket(s)/	If checking "Ceremon Per Policy 100-03 (Ceremonial Role If checking "Ceremon	Other A ial Role" or "Olher" describe below: h) Other ial Role" or "Olher" describe below:	Income Income		
9	Malhi, Raj Name of Outside Organ	ization	Number of Ticket(s)/	If checking "Ceremon Per Policy 100-03 (Ceremonial Role If checking "Ceremon	Other A ial Role" or "Olher" describe below: h) Other ial Role" or "Olher" describe below:	Income Income		
9	Malhi, Raj Name of Outside Organ	ization	Number of Ticket(s)/	If checking "Ceremon Per Policy 100-03 (Ceremonial Role If checking "Ceremon	Other A ial Role" or "Olher" describe below: h) Other ial Role" or "Olher" describe below:	Income Income		
9	Malhi, Raj Name of Outside Organ	ization	Number of Ticket(s)/	If checking "Ceremon Per Policy 100-03 (Ceremonial Role If checking "Ceremon	Other A ial Role" or "Olher" describe below: h) Other ial Role" or "Olher" describe below:	Income Income		
33 33	Malhi, Raj C. Name of Outside Organ (include address and des	ization	Number of Ticket(s)/	If checking "Ceremon Per Policy 100-03 (Ceremonial Role If checking "Ceremon	Other A ial Role" or "Olher" describe below: h) Other ial Role" or "Olher" describe below:	Income Income		
9	Malhi, Raj Name of Outside Organ	dization eription)	Number of Ticket(s)/ Pass(es)	Per Policy 100-03 (Ceremonial Role If checking "Ceremon	Other A ial Role" or "Other" describe below: Ch) Other Cial Role" or "Other" describe below: Ilic purpose made pursuant	Income In		
39	Malhi, Raj C. Name of Outside Organ (include address and des	dization eription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Per Policy 100-03 (Ceremonial Role If checking "Ceremon Percentage of the Published In the Published In the Percentage of the Published In the Percentage of the Percenta	Other A ial Role" or "Other" describe below: Ch) Other Cial Role" or "Other" describe below: Ilic purpose made pursuant	Income In		

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A Public Document

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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			
				DEC15'16pm04)	49 49 OLEDV		
	Designated Agency Contact	(Name, Title)	NERTO TORMARY	H/JHZ-ULERA			
	Britt Avrit, City Clerk				Amondment (M. 18. its 5. double is R. 40.)		
	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	mation					
	Does the agency have a ticl	ket policy?	⊠ No □ F	Face Value of	Each Ticket/Pass \$ ⁷	' 5	
	- ·						
	Event Description: Field of I	Provide Title/ Expla	[anation	Date(s)	<u>, 5 , 16 </u>		
	Ticket(s)/Pass(es) provided	•		f no:			
ricket(s)/r ass(es) provided by agency:				Name of Source	,		
	Was ticket distribution made	at the behest Yes	□ No⊠ ^I	f yes:	Official's Name (Last, First)		
	of agency official?				Oniciais Name (Last, Filst)	,	
_	Destricute						
3.	Recipients		. II C41 D 4 -	: 4 4:C : : - 4:: 4	! . H C4: C4- : 1		
	Use Section A to identify the agen	icy s department or unit.		T an individ	ual. • Use Section C to ider	itiry an outside organization.	
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Describe th		e public purpose made pu	rsuant to the agency's policy	
			Passes				
				1			
			1				
	·						
	B. Name of Indi		Number of Ticket(s)/		Identify one of the	following:	
	(Last, Fire	st)	Passes				
	Crist, Marvin				nonial Role M Other [
			2	Per Policy 1		escribe delow:	
	·						
	Mann, Ken				onial Role 🛛 💮 Other 🛭		
			2	Per Policy 10	ing "Ceremonial Role" or "Other" d 00-03 (h)	escribe below:	
				1 07 1 01107 10	70 00 (11)		
	C. Name of Outside O	rganization	Number of Ticket(s)/	Describe the	e nublic nurnose made nu	rsuant to the agency's policy	
	(include address and	description)	Passes	Describe th	e pasno parpose made pa	nodulit to the agency 5 policy	
	Mayra Maturana			Per Policy 1	00-03 (e)		
	42220 10th St. W., Lancas	ster, CA 93534	2				
	<u> </u>		Î				
1.	Verification					-	
••	I have read and understand FP	PC Regulations 1894	4.1 and 18942.	I have verified t	hat the distribution set t	forth above, is in accordance	
1	with the requirements.	, o riogalaliono 100 .			nat in o didination out		
1	Sut ant	D.	ritt Avrit		City Clerk	12/15/16	
	Signature of Agency Head or Design		Print Name		Title	(month, day, year)	
		1000					
	Commont						

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ancaster cipients e 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 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:					
2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Per Policy 100-03 (h)					
2	Ceremonial Role Other Income I					
2	Ceremonial Role Other Image Income In					
	Ceremonial Role Other Income 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					
	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 2 2 2 Number of Ticket(s)/ Passes					

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) Lancaster Choice Energy DEC19'16AM10:59:15-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: 12-15-19 661-723-6020 bavrit@cityoflancasterca.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{45}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Field of Drafts Brew Festival Date(s) ____/__ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: _ Name of Source 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes LCE Per Policy 100-03 (e) 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other \square 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 C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Per Policy 100-03 (e) Charlene Solano 2 37034 Velutina Way, Palmdale, CA 93550 Per Policy 100-03 (e) John Bullock 2 44115 2nd ST E., Lancaster, CA 93535 4. Verification 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. Siece Britt Avrit 12/19/16 Signature of Agency Head or Designee Print Name (month, day, year)

Agency Report of:

Comment: