## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions	A Public Document		
1. Agency Name	Date Stamp	California Form	102
67		Form	14/4

4						
1.	Agency Name				Date Stamp	California 802
	City of Lancaster					Form UUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Lancaster Choice Energy				FEB02'17am10	):102:25-CLERK
	<b>Designated Agency Contact</b>	(Name,Title)		, =====================================	SECO ODER	
	Britt Avrit, City Clerk				Amendment (Must 5	Provide Explanation in Part 3.)
	Area Code/Phone Number			Americanient (wastr	Tovide Explanation III I all 5.)	
	661-723-6020	bavrit@cityofla	ncasterca.org		Date of Original Filing:	(month, day, year)
<u>-</u>	Function or Event Infor	mation				
	Does the agency have a tic	Each Ticket/Pass \$ 24	4			
				1 1		
	Event Description: LPAC E	Provide Title/ L		Date(s)1	7_20 / 17	
	Ticket(s)/Pass(es) provided			f no:		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2) ago,			Name of Source	
	Was ticket distribution made	e at the behest Y	′es □ No ⊠ l	f yes:	Official's Name (Last, First)	
	of agency official?				Official's Ivallie (Last, First)	
	Name of Agency, Department	Number of Ticket(s)/	Î I I I I I I I I I I I I I I I I I I I		suant to the agency's policy	
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
	B. Name of Ind (Last, Fir				Identify one of the formal Role  Other fing "Ceremonial Role" or "Other" dec	] Income [
	B. Name of Ind		of Ticket(s)/	If check	onial Role Other	Income C
	B. Name of Ind (Last, Fin)  C. Name of Outside O (include address and	erganization	of Ticket(s)/	If check Cerem If check	onial Role  Other  on "Other" de.  onial Role  Other" de.  onial Role  Other  ing "Ceremonial Role" or "Other" de.	Income C
	(Last, Fir	erganization d description)	of Ticket(s)/ Passes  Number of Ticket(s)/	If check Cerem If check	onial Role  Other  ing "Ceremonial Role" or "Other" deconial Role  Other  ing "Ceremonial Role" or "Other" deconial Role  or "Other" deconial Role" or "Other" deconial Role	Income control income
	C. Name of Outside O (include address and	organization didescription)	of Ticket(s)/ Passes  Number of Ticket(s)/ Passes	Cerem If check	onial Role Other ing "Ceremonial Role" or "Other" deconial Role Other ing "Ceremonial Role" or "Other" deconial Role or "Other" deconial Role" or "O	Income control income
1	C. Name of Outside O (include address and Donna Witt 2952 Golden Spur Rd., Ac Pamela Olson PO Box 1526, Rosamond,	organization didescription)	Number of Ticket(s)/Passes	Cerem If check  Describe the	onial Role Other ing "Ceremonial Role" or "Other" deconial Role Other ing "Ceremonial Role" or "Other" deconial Role or "Other" deconial Role" or "O	Income control income
4.	C. Name of Outside O (include address and Donna Witt 2952 Golden Spur Rd., Ac Pamela Olson	erganization description) eton 93510	Number of Ticket(s)/ Passes 2	Cerem If check  Describe the  Per Policy 10	onial Role  Other  oning "Ceremonial Role  Other" decing "Ceremonial Role" or "Other" or "Other" decing "Ceremonial Role" or "Other" o	Income Control Income
1.	Name of Outside O (include address and Donna Witt 2952 Golden Spur Rd., Ac Pamela Olson PO Box 1526, Rosamond, Verification I have read and understand FF	erganization description) eton 93510	Number of Ticket(s)/ Passes 2	Cerem If check  Describe the  Per Policy 10	onial Role  Other  oning "Ceremonial Role  Other" decing "Ceremonial Role" or "Other" or "Other" decing "Ceremonial Role" or "Other" o	Income Control of the scribe below:  Income Control of the scribe below:    Income Control of the scribe below:

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

## **A Public Document**

1.	Agency Name				Date Stamp	California 802
	City of Lancaster				Form OUZ	
	Division, Department, or Region (If Applicable)				For Official Use Only	
					FFR02/174M1	.002:21-CLERK
	Designated Agency Contact	(Name, Title)				
	5					
	Britt Avrit, City Clerk  Area Code/Phone Number   E-mail			Amendment (Must provide explanation in Part 3.)		
	661-723-6020		oflancasterca	.org	Date of Original Filing:	
2	Function or Event Infor				·	(Mohin, Day, Tour)
	Does the agency have a ticket		Yes 🔀 No	☐ Face Value o	f Each Ticket/Pass \$ _	50
	5 7 100 2 140 1			. 21 . 17		
	Event Description LPAC Eve	Provide Title/Ex	planation	Date(s)		
	Ticket(s)/Pass(as) provided b	v agency?	Voc 🔽 Nol	□ If no:		
	Ficket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no:		Name of S	ource		
	Was ticket distribution made at the behest No ☒ Yes ☐ If yes:		Official's Name	( L E' )		
	of agency official?			Official's Name	(Last, First)	
3.	Recipients					
	Use Section A to identify the agence	y's department o	r unit. • Use Sec			
	A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	Administration	1	Per Policy 100-03 (d)			
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follow	ving:
	(Last, First)		Pass(es)			
	Mann, Ken		2	• • • • • • • • • • • • • • • • • • • •	Other 🔀 ial Role" or "Other" describe below: h)	Income 🔲
				Ceremonial Role	Other	Income
			2		ial Role" or "Other" describe below:	Income L
	C. Name of Outside Organ (include address and dec		Number of Ticket(s)/ Pass(es)	If checking "Ceremon		
			Number of Ticket(s)/	If checking "Ceremon	ial Role" or "Other" describe below:	
4.		scription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon  Describe the pub	ial Role" or "Other" describe below:	t to the agency's policy
4.	(include address and dea	scription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon  Describe the pub  erified that the distribution set for	ial Role" or "Other" describe below:	t to the agency's policy