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

**A Public Document** 

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1.	Agency Name				Date Stamp	California 802	
	City of Lancaster					Form OUZ	
	Division, Department, or Region (if applicable)					For Official Use Only	
	Lancaster Choice Energy		MAR07'17am08	3:1 <mark>3:07-CLERK</mark>			
	Designated Agency Contact	(Name, Title)					
	Britt Avrit, City Clerk		☐ Amendment (Must F	Provide Explanation in Part 3.)			
19	Area Code/Phone Number	E-mail bavrit@cityoflancasterca.org			Amendment (wast-rovide Explanation III Fatt 5,)		
	661-723-6020				Date of Original Filing:(month, day, year)		
<del>2.</del>	Function or Event Information						
	Does the agency have a ticl	ket policy? Yes	Each Ticket/Pass \$ $\frac{2}{}$	9			
	- ·		, 18 , 17	1 1			
	Event Description: LPAC Ev	Provide Title/ Expla	10 / 11				
	Ticket(s)/Pass(es) provided						
			Name of Source				
	Was ticket distribution made at the behest Yes ☐ No ☒ If yes:				Official's Name (Last, First)		
	of agency official?		ometaro riamo (2001, riroly				
	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 (Last, First)		Number of Ticket(s)/ Passes	Identify one of the following:			
					onial Role Other Cing "Ceremonial Role" or "Other" de		
				1	onial Role Other ing "Ceremonial Role" or "Other" de		
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy	
		I description)	of Ticket(s)/	Describe the		suant to the agency's policy	
	Michael Campos	description)	of Ticket(s)/ Passes		00-03 (e)	suant to the agency's policy	
	Michael Campos 1304 W. Ave. H-7, Lancas Pamela Olson PO Box 1526, Rosamond,	description)	of Ticket(s)/ Passes	Per Policy 10	00-03 (e)	suant to the agency's policy	
	Michael Campos 1304 W. Ave. H-7, Lancas Pamela Olson	ter 93534	of Ticket(s)/ Passes 2	Per Policy 10	00-03 (e)		
	Michael Campos 1304 W. Ave. H-7, Lancas Pamela Olson PO Box 1526, Rosamond,  Verification I have read and understand FP	ter 93534 93560 PPC Regulations 18944	of Ticket(s)/ Passes 2	Per Policy 10	00-03 (e)		

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### **A Public Document**

	Agency Name				Date Stamp	California COO	
			Date Stamp California 202				
	City of Lancaster			Form OUZ			
ī	Division, Department, or Regi	on (If Applicable		For Official Use Only			
					MADA7/17/2/00	8:13:04-CLERK	
ī	Designated Agency Contact (	Name, Title)	MHMKO/ I (HWO	GITO:NALOTEWV			
ı	Britt Avrit, City Clerk						
7	Area Code/Phone Number	E-mail	Amendment (Must provide explanation in Part 3.)				
(	61-723-6020 bavrit@cityoflancasterca.org			.org	Date of Original Filing:(Month, Day, Year		
2.	Function or Event Inforr	nation			tr.	50	
[	Does the agency have a ticket	t policy?	f Each Ticket/Pass \$				
	Event Description LPAC Eve	nt	, 12 , 17				
	Lvent Description	Provide Title/Exp.					
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐			☐ If no:	If no:		
				ivame or Sou	irce		
'	Was ticket distribution made a of agency official?	t the behest	No 🛛 Yes	☐ If yes:	Official's Name (L	ast, First)	
_							
	Recipients	/'s department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ident	ifv an outside organization.	
-	Number of 1			etion B to identify an individual. • Use Section C to identify an outside organization.			
4	A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe tile pub	scribe the public purpose made pursuant to the agency's policy			
-							
-							
2							
Ī	B. Name of Individual		Number of Ticket(s)/		Identify one of the followi	ng:	
_	(Last, First)		Pass(es)		<b>□</b>	Income	
1	Parris, R.	6	Ceremonial Role	Other Lial Role" or "Other" describe below:	Income		
,		"	Per Policy 100-03 (	h)			
				•			
				Ceremonial Role	Other	Income 🗌	
				If checking "Ceremon	ial Role" or "Other" describe below:		
-			Number of				
•	Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
-			1 200(00)				
_	A LIMBURATE STATE OF THE STATE						
	Verification	lations 18944 1 an	d 18942. I have ve	rified that the distribution set f	orth above, is in accordance wit	h the requirements.	
0	I have read and understand EPPC Regulations 18944.1 and 18942. I have ver					3/7/17	
1.	Signature of Agency Head or Designee Print Nam				City Clerk	(Month, Day, Year)	
	organization of regardly read of Designee		1 1111, 144111	-		,,,,	