

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
City of Lancaster		MAY08'17PM04:11:37-CLERK	For Official Use Only
Division, Department, or Region (if applicable)			
Lancaster Choice Energy			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Britt Avrit, City Clerk			
Area Code/Phone Number	E-mail		
661-723-6020	bavrit@cityoflancasterca.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 44

Event Description: LPAC Events Date(s) 4 / 7 / 17

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

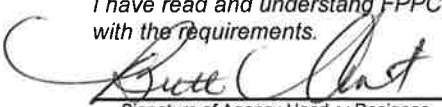
3. Recipients

• 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.

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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Cleone Murphy 7740 W. Ave. F, Lancaster 93536	2	Per Policy 100-03 (e)
Robin Webb 1531 W. Ave. J-8 #160, Lancaster 93534	2	Per Policy 100-03 (e)

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.

 Signature of Agency Head or Designee	Britt Avrit Print Name	City Clerk Title	5/8/17 <small>(month, day, year)</small>
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Comment: _____

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

A Public Document

1. Agency Name City of Lancaster		Date Stamp MAY08'17PM05:42:28-CLERK	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Lancaster Choice Energy			
Designated Agency Contact (Name, Title) Britt Avrit, City Clerk		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 661-723-6020	E-mail bavrit@cityoflancastrca.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 15

Event Description: Jethawks baseball games Date(s) 4 / 18 / 17 4 / 20 / 17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

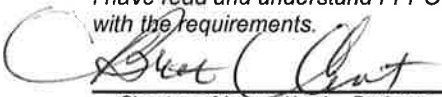
3. Recipients

* 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.

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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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 5789 Golding Dr., Lancaster, CA 93534	4	Per policy No. 100-03 (e)
Angela Martines 1222 W. Ave. H-1, Lancaster, CA 93535	4	Per policy No. 100-03 (e)

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.


Britt Avrit
City Clerk
5/8/17
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

City of Lancaster

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.

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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
Rico Velez 358 Landsford St., Lancaster, CA 93535	4	Per policy No. 100-03 (e)

**Agency Report of:
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1. Agency Name City of Lancaster		Date Stamp MAY08'17PM05:42:41-CLERK	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) Lancaster Choice Energy		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	Date of Original Filing: _____ <small>(month, day, year)</small>
Designated Agency Contact (Name, Title) Britt Avrit, City Clerk			
Area Code/Phone Number 661-723-6020	E-mail bavrit@cityoflancasterca.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 10

Event Description: Lancaster Poppy Festival Date(s) 4 / 22 / 17 4 / 23 / 17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

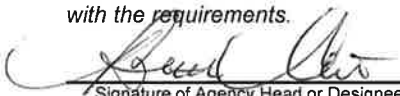
3. Recipients

• 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Finance	6	Per policy No. 100-03 (e)
Development Services	13	Per policy No. 100-03 (a)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

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.

 <small>Signature of Agency Head or Designee</small>	Britt Avrit <small>Print Name</small>	City Clerk <small>Title</small>	5/8/17 <small>(month, day, year)</small>
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Comment: _____

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

A Public Document

1. Agency Name		Date Stamp MAY08 17PM04:11:34-CLERK	California Form 802 For Official Use Only
City of Lancaster			
Division, Department, or Region (if applicable) Lancaster Choice Energy		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Designated Agency Contact (Name, Title) Britt Avrit, City Clerk			
Area Code/Phone Number 661-723-6020	E-mail bavrit@cityoflancastrca.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 10

Event Description: Lancaster Poppy Festival Date(s) 4 / 22 / 17 4 / 23 / 17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

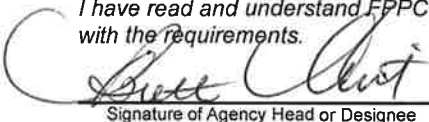
3. Recipients

• 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
LCE	101	Per policy No. 100-03 (e)
Admin-CC-IT	29	Per policy No. 100-03 (a)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
SEE ATTACHED		

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.

 _____
 Signature of Agency Head or Designee

Britt Avrit _____
 Print Name

City Clerk _____
 Title

5/8/17 _____
 (month, day, year)

Comment: _____

Name	Number of Tickets	Address	Reason
Silvia Rodriguez Donovan	5	3651 W. Ave. J10 Lancaster 93536	Per policy No. 100-03 (e)
Brendan Vila	5	39431 Obsidian Ct. Palmdale 93551	Per policy No. 100-03 (e)
Christina Tofte	5	4034 Vancouver Ln. Quartz Hill 93536	Per policy No. 100-03 (e)
Erik Castaneda	5	3032 Peaceful Way Lancaster 93535	Per policy No. 100-03 (e)
Aleman Oscar	5	3452 Granite Ct. Rosamond 93560	Per policy No. 100-03 (e)
Garrett Barranco	5	43215 16th St. W. Lancaster 93534 Apt. 24	Per policy No. 100-03 (e)
Julie Tharp	5	4267 Rockhouse Rd. Mojave 93501	Per policy No. 100-03 (e)
Ilcia Magali Felix	5	7320 Independence Ave. Canoga Park 91303 Apt. 9	Per policy No. 100-03 (e)
Heather Segale	5	1643 76th St. West Rosamond 93560	Per policy No. 100-03 (e)
Heather Gilbert Dunn	5	44224 20th St. E Lancaster 93535 Apt. 3	Per policy No. 100-03 (e)
Michelle Martin	5	4027 Tournament Dr. Palmdale 93551	Per policy No. 100-03 (e)
Ericka Guzman	5	1800 W Ave J15 93534 Unt. 6	Per policy No. 100-03 (e)
Christopher Walsh	5	5711 Columbia Way Lancaster 93536 Unt. 204	Per policy No. 100-03 (e)
Kristie Herrand	5	37141 Sabal Ave. Palmdale 93552	Per policy No. 100-03 (e)
Charmaine Tivis-Watts	5	3045 Conestoga Cyn Rd. Palmdale 93550	Per policy No. 100-03 (e)
Pearl Choi Tyler	5	3041 E Ave. H4 Lancaster 93535	Per policy No. 100-03 (e)
Sean Riggs	5	2740 W. Lumber St. Lancaster 93535	Per policy No. 100-03 (e)
Jonathan Cornell	5	44118 Shad St. Lancaster 93536	Per policy No. 100-03 (e)
Stefanie Kirkhart	5	1753 W. Ave H4 Lancaster 93534	Per policy No. 100-03 (e)
Loreal Christina Brandt	5	39954 90th St. W. Leona Valley 93551	Per policy No. 100-03 (e)

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1. Agency Name City of Lancaster		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable)		MAY08'17PM04:11:50-CLERK	
Designated Agency Contact (Name, Title) Britt Avrit, City Clerk		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number 661-723-6020	E-mail bavrit@cityoflancafterca.org		
		Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 10

Event Description: Lancaster Poppy Festival Date(s) 4 / 22 / 17 4 / 23 / 17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Finance	32	Per policy No. 100-03 (a)
Admin	52	Per policy No. 100-03 (a)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Mann, Ken	8	Ceremonial Role <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per policy No. 100-03 (h)
Parris, R. Rex	4	Ceremonial Role <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per policy No. 100-03 (h)
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

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.

 Signature of Agency Head or Designee	Britt Avrit Print Name	City Clerk Title	5/8/17 <small>(month, day, year)</small>
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Comment: _____

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

Agency Name

City of Lancaster

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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Public Safety	20	Per policy No. 100-03 (a)
Housing	24	Per policy No. 100-03 (a)
Development Services	164	Per policy No. 100-03 (a)
Parks, Recreation & Arts	286	Per policy No. 100-03 (a)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Crist, Marvin	16	Ceremonial Role <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Per policy No. 100-03 (h)
Malhi, Raj	4	Ceremonial Role <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Per policy No. 100-03 (h)
Underwood-Jacobs, Angela	4	Ceremonial Role <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Per policy No. 100-03 (h)
Vierra, David	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Per policy No. 100-03 (h)
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

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

Agency Name

City of Lancaster

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.

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:
Wiley, Tim	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per policy No. 100-03 (h)
Hur, Jin	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per policy No. 100-03 (h)
Vose, James	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per policy No. 100-03 (h)
Derryberry, Steven	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per policy No. 100-03 (h)
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

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

Agency Name

City of Lancaster

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.

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:
Cook, Diana	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per policy No. 100-03 (h)
Dell, Sue	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per policy No. 100-03 (h)
Thomas, Shunnon	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per policy No. 100-03 (h)
Mercy, Drew	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per policy No. 100-03 (h)
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

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

A Public Document

1. Agency Name City of Lancaster		Date Stamp MAY08'17 PM05:40:21 -CLERK	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Lancaster Choice Energy			
Designated Agency Contact (Name, Title) Britt Avrit, City Clerk		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 661-723-6020	E-mail bavrit@cityoflancaSterca.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 24-\$28;parking \$5

Event Description: Jethawks baseball games Date(s) 4 / 6 / 17 4 / 30 / 17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Admin- City Clerk- HR	30/2	Per policy No. 100-03 (a)
Development Services	13	Per policy No. 100-03 (a)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

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.

 Signature of Agency Head or Designee	Britt Avrit Print Name	City Clerk Title	5/8/17 (month, day, year)
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Comment: _____

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

Agency Name

City of Lancaster

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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Housing	18	Per policy No. 100-03 (a)
Parks, Recreation & Arts	55	Per policy No. 100-03 (a)
Finance	47/1	Per policy No. 100-03 (a)
Public Safety	9	Per policy No. 100-03 (a)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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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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City of Lancaster

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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
LCE	16/2	Per policy No. 100-03 (a)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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Division, Department, or Region (if applicable)		MAY08'17PM05:40:24-CLERK	
Designated Agency Contact (Name, Title) Britt Avrit, City Clerk		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number 661-723-6020	E-mail bavrit@cityoflancastrca.org		
		Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 24-\$28;parking \$5

Event Description: Jethawks baseball games Date(s) 4 / 6 / 17 4 / 30 / 17
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

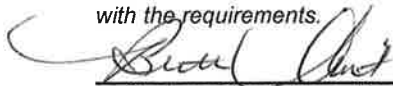
3. Recipients

• 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Admin- City Clerk-IT-HR	103/12	Per policy No. 100-03 (a)
Development Services	54	Per policy No. 100-03 (a)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

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.

 Signature of Agency Head or Designee	Britt Avrit Print Name	City Clerk Title	5/8/17 <small>(month, day, year)</small>
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Comment: _____

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

Agency Name

City of Lancaster

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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Housing	6	Per policy No. 100-03 (a)
Parks, Recreation & Arts	20	Per policy No. 100-03 (a)
Finance	6	Per policy No. 100-03 (a)
Public Safety	8	Per policy No. 100-03 (a)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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