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

**A Public Document** 

1.	Agency Name				Date Stamp	California 802			
	City of Lancaster	las (# salisable)		For Official Use Only					
	Division, Department, or Reg	юп (іг арріісаріе)							
	Lancaster Choice Energy	(A)			MAY08'17pm04	117:334-OTEKK			
	Designated Agency Contact	Name, litle)							
	Britt Avrit, City Clerk				Amendment (Must P	rovide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail							
	661-723-6020	bavrit@cityoflanca	asterca.org		Date of Original Filing: .	(month, day, year)			
2.	Function or Event Information								
	Does the agency have a tick	ket policy? Yes	No ☐ F	ace Value of l	Each Ticket/Pass \$ $\frac{44}{}$				
	Event Description: LPAC Ex	vents	Г	Date(s) 4	, 7 , 17				
	Event Description.	Provide Title/ Exp	lanation						
	Ticket(s)/Pass(es) provided	by agency? Yes	Name of Source						
	Was ticket distribution made	at the behest Yes	□ No⊠ □	r yes:	Official's Name (Last, First)				
	of agency official?								
	• Use Section A to identify the agen  A. Name of Agency, Depar		Number of Ticket(s)/	1		ify an outside organization.			
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:			
					onial Role Other Cing "Ceremonial Role" or "Other" des				
	-				onial Role Other oing "Ceremonial Role" or "Other" des				
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's polic				
	Cleone Murphy 7740 W. Ave. F, Lancaste	93536	2	Per Policy 100-03 (e)					
	Robin Webb 1531 W. Ave. J-8 #160, La	ncaster 93534	2	Per Policy 1	00-03 (e)				
4.	Verification I have read and understand FF with the requirements.	PC Regulations 1894	4.1 and 18942.	l have verified t	hat the distribution set fo	orth above, is in accordance			
	Dutt ( Class	E	Britt Avrit		City Clerk	5/8/17			
	Signature of Agency Head or Design	ee	Print Name		Title	(month, day, year)			
	Comment:								

Ceremonial Role Events and Ticket/Pass Distributions	
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**A Public Document** 

1.	Agency Name				Date Stamp	California Q02
	City of Lancaster			Form OUZ		
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Lancaster Choice Energy					
	<b>Designated Agency Contact</b>	(Name, Title)			MAY08'17pm0E	1: <b>42</b> :28-0: FRK
	Britt Avrit, City Clerk					Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Most r	-Tovide Explanation in Fait 5.)
	661-723-6020	bavrit@cityoflancas	sterca.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes [	Each Ticket/Pass \$ _	5		
	Event Description: Jethawk	s baseball games  Provide Title/ Expla.			, 18 , 17	4 , 20 , 17
	Ticket(s)/Pass(es) provided	Ľ.		f no:	Name of Source	
	Was ticket distribution made	e at the behest Yes [	□ No⊠ <sup>I</sup>	r yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
	Use Section A to identify the ager	cy's department or unit. •		identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the f	following:
				1	onial Role Other Cing "Ceremonial Role" or "Other" de	
	9				onial Role Other ing "Ceremonial Role" or "Other" de	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	rsuant to the agency's policy
	Jessica Esteva 5789 Golding Dr., Lancast	er, CA 93534	4	Per policy No	o. 100-03 (e)	
	Angela Martines 1222 W. Ave. H-1, Lancas	ter, CA 93535	4	Per policy No	o. 100-03 (e)	
4.	Verification		d.	·		
-5	I have read and understand FF with the requirements.	PC Regulations 18944	.1 and 18942.	I have verified t	hat the distribution set fo	orth above, is in accordance
	Deat ( Chart	Br	ritt Avrit		City Clerk	5/8/17
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)
	Comment:					

3.



<b>Agency N</b> by of Land											
Recip	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.										
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy								
 	Name of Individual	Number of Ticket(s)/	Identify one of the following:								
<u> </u>	(Last, First)	Passes	Ceremonial Role Other 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  Income  Income  If checking "Ceremonial Role" or "Other" describe below:								
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:								
С.	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 V 358 La	/elez andsford St., Lancaster, CA 93535	4	Per policy No. 100-03 (e)								
<del>2</del>											
		I									

Ceremonial Role Events and Ticket/Pass Distributions	
1. Agency Name	Date Stamp

AP	ublic Document	
mp	California 802 Form Official Use Only	
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nt (Must Provi	de Explanation in Part 3.)	
al Filing:	(month, day, year)	
ass \$ <u>10</u>		
-	4 , 23 , 17	
)	**	
.ast, First)		
C to identify	an outside organization.	
made pursua	nt to the agency's policy	
		20
e of the follo	wing:	
Other   Other describ	Income Income	ĺ

Ι.	Agency Name				Date Stamp	Form 802
	City of Lancaster					
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Lancaster Choice Energy		MAY08/17pm0F	5/42:41 -CLERK		
	Designated Agency Contact	(Name, Title)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ALCOST GLEKK
	Britt Avrit, City Clerk				Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	661-723-6020 bavrit@cityoflancasterca.org				Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation	4.0			
	Does the agency have a ticl	ket policy? Ye	es⊠ No⊟ F	ace Value of	Each Ticket/Pass \$	
	Event Description: Lancaste	er Poppy Festival		Date(s)4	, 22 , 17	4 , 23 , 17
	Ticket(s)/Pass(es) provided	Provide Title/ Ex	•	f no:		
	Ticket(s)/1 ass(es) provided	by agency: Te	2 M 140 L	1110.	Name of Source	
	Was ticket distribution made	e at the behest Ye	es □ No ⊠ <sup>It</sup>	f yes:	Official's Name (Last, First)	
	of agency official?				Official's Name (Last, 1 list)	
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit	. • Use Section B to	identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe the	Describe the public purpose made pursuant to the agency's polic		
	Finance	6	Per policy No	licy No. 100-03 (e)		
	Development Services	13	Per policy No	No. 100-03 (a)		
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
					onial Role Other ing "Ceremonial Role" or "Other" des	<del>-</del>
				1	onial Role Other or "Other" des	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pure	suant to the agency's policy
4.	Verification					
	I have read and understand FP with the requirements.	PPC Regulations 189	144.1 and 18942.	l have verified t	hat the distribution set fo	rth above, is in accordance
	Xxend Cer		Britt Avrit		City Clerk	5/8/17
	Signature of Agency Head or Design	ee	Print Name		Title	(month, day, year)
	Comment:					

C	ere	monial	Role	<b>Events</b>	and	Ticket/Pass	Distributions	
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1.	Agency Name				Date Stamp	California Q02	
	City of Lancaster			Form OUZ			
	Division, Department, or Regi	ion (if applicable)		For Official Use Only			
	Lancaster Choice Energy				MAY08/17pm04:	1:34-CLERK	
	Designated Agency Contact (	Name, Title)					
	Britt Avrit, City Clerk				Amendment (Must Pm	vide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Americanene (Mastrio	vide Explanation in Fait 3.)	
	661-723-6020	bavrit@cityoflanca	sterca.org		Date of Original Filing:	(month, day, year)	
<del>2</del> .	Function or Event Inform	mation					
	Does the agency have a tick	et policy? Yes	⊠ No □ F	ace Value of I	Each Ticket/Pass \$ 10		
	Event Description: Lancaste				22 / 17	4 _ 23 _ 17	
	Ticket(s)/Pass(es) provided	· ·		f no:			
					Name of Source		
	Was ticket distribution made	at the behest Yes	□ No⊠ <sup>If</sup>	f yes:	Official's Name (Last, First)		
	of agency official?				, , ,		
3.	Recipients • Use Section A to identify the agence	cy's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to identify	v an outside organization.	
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant 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 India (Last, Firs	Number of Ticket(s)/ Passes	Identify one of the following:				
					onial Role Other on "Other" descri	Income ibe below:	
	:				onial Role Other on "Other" descri	Income Income	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy	
	SEE ATTACHED						
4.	Verification						
~	I have read and understand FPI with the requirements.	PC Regulations 18944	1.1 and 18942. I	l have verified th	hat the distribution set fort	h above, is in accordance	
	Siett (Clus	Br	ritt Avrit		City Clerk	5/8/17	
	Signature of Agency Head or Designe		rint Name		Title	(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				Date Stamp	California 802
	City of Lancaster					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
			MAY08'17pm04:	11:50-CLERK		
	Designated Agency Contact	(Name, Title)	1 11 11 10 10 12 11 11 12 11	1.00 OCTIVI		
	Britt Avrit, City Clerk			Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			_	
	661-723-6020	bavrit@cityoflanc	asterca.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			·	_
	Does the agency have a tick	ket policy? Ye	s⊠ No⊟ F	ace Value of	Each Ticket/Pass \$	
	Event Description: Lancaste				, 22 , 17	
	Ticket(s)/Pass(es) provided			f no:		
	(-, (. , , ,	, , , ,			Name of Source	
	Was ticket distribution made	e at the behest Ye	s□ No⊠ <sup>If</sup>	fyes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients • Use Section A to identify the ager  Δ Name of Agency, Depart		Number		ual. • Use Section C to identife	
	A. Name of Agency, Depart	artifient of Offic	of Ticket(s)/ Passes	Describe til	e public purpose made purs	dant to the agency 3 policy
	Finance		32	Per policy N	o. 100-03 (a)	
	Admin		52	Per policy N	o. 100-03 (a)	
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Mann, Ken		8	If check	nonial Role A Other IX or "Other" descoo. 100-03 (h)	Income Income
	Parris, R. Rex	4		nonial Role  Other  in Other  or "Other" description  of the Control  of the C	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
_	Verification					
- <b>7</b> •	I have read and understand FF with the requirements.	PPC Regulations 189	44.1 and 18942.	I have verified t	that the distribution set for	th above, is in accordance
_	Signature of Agency Head or Design		Britt Avrit		City Clerk	5/8/17 (month, day, year)
	Signature of Edenty Head of Design	na.			,,,,,,	(Jini, day, jodi)
	Comment:					



Agency	Name
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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.	<ul> <li>Use Section C to identify an outside organization</li> </ul>
--	--	--	---

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  Other  Income  Income  If checking "Ceremonial Role" or "Other" describe below:  Per policy No. 100-03 (h)
Malhi, Raj	4	Ceremonial Role  Other  Income  Income  If checking "Ceremonial Role" or "Other" describe below:  Per policy No. 100-03 (h)
Underwood-Jacobs, Angela	4	Ceremonial Role Other Important Income Incom
Vierra, David	2	Ceremonial Role Other Income Income It 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
		9



Recipients  • Use Section A to identify the agency's department or uni	it. • 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 Other Month Income Income If checking "Ceremonial Role" or "Other" describe below:  Per policy No. 100-03 (h)
Hur, Jin	2	Ceremonial Role  Other  Income  Income  Income  If checking "Ceremonial Role" or "Other" describe below:  Per policy No. 100-03 (h)
Vose, James	2	Ceremonial Role  Other  Income  Income  If checking "Ceremonial Role" or "Other" describe below:  Per policy No. 100-03 (h)
Derryberry, Steven	2	Ceremonial Role Other Image: Income 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



of Lancaster		
Recipients  • Use Section A to identify the agency's department or uni	t. • 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 Other Month Income For the Company of the Checking "Ceremonial Role" or "Other" describe below:  Per policy No. 100-03 (h)
Dell, Sue	2	Ceremonial Role Other Image Income If checking "Ceremonial Role" or "Other" describe below:  Per policy No. 100-03 (h)
Thomas, Shunnon	2	Ceremonial Role Other Image Income In
Mercy, Drew	2	Ceremonial Role Other Income Income 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
· <u>a</u>		

	gency Report of: eremonial Role Even	ts and Ticket/F	ass Distr	ibutions	A Public Document		
1.	Agency Name				Date Stamp California O O O		
	City of Lancaster				Form OUZ		
	Division, Department, or Reg	ion (if applicable)			For Official Use Only		
	Lancaster Choice Energy						
	Designated Agency Contact (	Name, Title)			NOTION STRONG OF FOR		
	Britt Avrit, City Clerk				MAY08'1 7PM05'40'21 -CLERK  Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Amendment (wast Provide Explanation III 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 tick	ket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$		
	Event Description: Jethawks	s baseball games			<u>, 6 , 17</u> <u>4 , 30 , 17</u>		
	Event Description.	Provide Title/ Expla	nation	Jaio(3)			
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🗆 🗆	f no:	Name of Source		
	Was ticket distribution made of agency official?	at the behest Yes	□ No⊠ <sup>I</sup>	f yes:	Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an indivic	lual. • Use Section C to identify an outside organization.		
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to the agency's policy		
	Admin- City Clerk- HR		30/2	Per policy N	o. 100-03 (a)		
	Development Services	velopment Services	pment Services 13 Per po	Per policy N	y No. 100-03 (a)		
	B. Name of Indi	Number of Ticket(s)/ Passes	Identify one of the following:				
					nonial Role Other Income Income Cing "Ceremonial Role" or "Other" describe below:		
					nonial Role Other Income in Income in Income		
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to the agency's policy		

#### 4. Verification

I have read and understand		18944.1 and	18942. I have	verified that the	distribution set	forth above,	is in accordance
with the requirements. //	7						

with the requirements.			
Duce Ou	Britt Avrit	City Clerk	5/8/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			



gency Name y of Lancaster		
Recipients	t. • 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 Other Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other 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 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
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Reci	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.								
Α.	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)						
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:						
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:						
			Ceremonial Role  Other  Income  Income  Income  If checking "Ceremonial Role" or "Other" describe below:						
10			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:						
			Ceremonial Role  Other  Income  Income  Income  Other  Oth						
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						
<del></del>									
) <u> </u>									
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Comment: \_\_

Ceremon	ial Role Even	ts and Ticket/P	ass Distri	ibutions	A F	Public Document	
1. Agency	Name		Date Stamp	California 802			
City of La							
Division, I	Department, or Reg	ion (if applicable)		For Official Use Only			
<b>5</b>	1.6	(A) T'(( )	MAY08/17pm05/4	0:24-GLERK			
	d Agency Contact	Name, Title)					
Britt Avrit, City Clerk  Area Code/Phone Number [E-mail]					Amendment (Must Pro	vide Explanation in Part 3.)	
		E-mail			Date of Original Filing:		
661-723-	6020	bavrit@cityoflanca	sterca.org		Date of Original Fining.	(month, day, year)	
2. Function	n or Event Infor	mation					
Does the	agency have a ticl	ket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ 24-	\$28;parking \$5	
Event De	scription: Jethawk	s baseball games			<u>, 6 , 17 </u>		
LVCIII DO	scription.	Provide Title/ Expla	nation				
Ticket(s)/	Pass(es) provided	by agency? Yes	⊠ No 🗆 If	f no:	Name of Source	у	
Mos ticko	t distribution made	e at the behest Yes		f yes:			
	y official?	at the benest Yes	□ No⊠ "	. y co	Official's Name (Last, First)	<del></del>	
or agone	y omolar.						
<ol> <li>Recipion</li> <li>Use Section</li> </ol>		cy's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to identif	y 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)			
В.	B. Name of Individual (Last, First)				Identify one of the following:		
) <del></del>					nonial Role Other description of the Communication	Income [	
8					nonial Role Other descripting "Ceremonial Role" or "Other" descripting	Income 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			
\$ <del></del>							
4. Verificat							
	d and understand FF quirements.	PPC Regulations 18944	1.1 and 18942.	I have verified	that the distribution set for	th above, is in accordance	
- Dio	ul Clint	В	ritt Avrit		City Clerk	5/8/17	
	of Agency Head or Design	nee P	rint Name		Title	(month, day, year)	

3.



Agency Name				
ty of Lancaster				
Recipients • Use Section A to identify the agency's department or un	nit. • 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)  Per policy No. 100-03 (a)  Per policy No. 100-03 (a)  Per policy No. 100-03 (a)		
Parks, Recreation & Arts	20			
Finance	6			
Public Safety	8			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:		
	7	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:		
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:		
¥		Ceremonial Role Other 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		
-				