## **Agency Report of:**

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Cere	monia	l Role	Fvents	and Tid	cket/Pass	: Dietrib	utions

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_					r	
1.	Agency Name				Date Stamp	California 802
	City of Lancaster					For Official Use Only
	Division, Department, or Reg	ion (if applicable)				
	Lancaster Choice Energy				JUN081171	PMQ2:24:55-CLERK
	Designated Agency Contact	(Name,Title)				
	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)
<u>-</u> 2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy?	s⊠ No□ F	Face Value of	Each Ticket/Pass \$_	15
						5 , 29 , 17
	Event Description: Jethawks	Provide Title/ Exp	L lanation	Date(s)		3 29 17
	Ticket(s)/Pass(es) provided			f no:	Name of Source	
	Was ticket distribution made	e at the behest Yes	i□ No⊠ <sup>l</sup>	f yes:	Official's Name (Last, First	)
	of agency official?				,,	,
3.	Desinients					
ა.	Recipients • Use Section A to identify the agen	cu's donortment or unit	I Usa Caction B to	idantify an individ	ual • Usa Saction C to ida	ntify an outcide organization
	- Ose Section A to identify the agen	ey sucpartment of unit.	Number	T	ual. Osc Section C to luc	initity an outside organization.
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/	Describe th	e public purpose made pu	ursuant to the agency's policy
			Passes			
			N			
	B. Name of Indi		Number of Ticket(s)/	20.0	Identify one of the	following:
	(Last, Fin	SI)	Passes	1.7		
					nonial Role  Other  Other  on "Other" of "Ot	
				li diladi.	ang ociomana note of other c	accorde scient.
	s <del></del>					
					nonial Role  Other Other of the Control of the Cont	-
				, onesic	ing cordinarion or other t	NOOTIDO BOIOTY.
	ļ <del>.</del>		Number			
	C. Name of Outside O		Number of Ticket(s)/	Describe the	e public purpose made pu	rsuant to the agency's policy
		i description)	Passes			
	Cyndi Hen		4	Per policy N	o. 100-03 (e)	
	44410 Lone Oak Ave., Lar	icaster, CA 93534	-			
	Katherine Kraintz	00505	4	Per policy No	o. 100-03 (e)	
_	8848 S Loop Blvd., Cal Cit	y, 93505		<u>.</u>		
4.	Verification					
	I have read and understand FP	PC Regulations 1894	14.1 and 18942.	I have verified t	hat the distribution set	forth above, is in accordance
	with the requirements.	_				
	Dioa Cart		Britt Avrit	1 0 6	City Clerk	6/6/17
	Signature of Agency Head or Design	ee	Print Name		Title	(month, day, year)
	Commont					
	Comment:					

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



of Lancaster		
Recipients  • Use Section A to identify the agency's department or unit	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:
		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
Lotus Jo-Lene Wanglieu 43354 Harbor St., Lancaster, 93536	4	Per policy No. 100-03 (e)
Rico Velez 358 Landsford St., Lancaster, 93535	4	Per policy No. 100-03 (e)

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

Ceremonial Role Events and Ticket/Pass Distributions	A Public Document			
1. Agency Name	Date Stamp	California 802		
City of Lancaster				
the street of th		For Official Use Only		

1.	Agency Name				Date Stamp	California 802
	City of Lancaster					TOTAL COL
	Division, Department, or Reg	ion (if applicable)	For Official Use O			
	Lancaster Choice Energy		JUN06417pm02	2: <b>2</b> 4:46-CLERK		
	<b>Designated Agency Contact</b>	Name,Title)				
	Britt Avrit, City Clerk				Amendment (Must l	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	661-723-6020	bavrit@cityoflanca	sterca.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			2	4 COConstina CE
	Does the agency have a tick	ket policy? Yes	⊠ No 🗆 📑	ace Value of	Each Ticket/Pass $$\frac{2}{}$	4-\$28;parking \$5
	Event Description: <u>Jethawks</u>	s baseball games  Provide Title/ Expla	[	Date(s)5	, 9 , 17	5 , 29 , 17
	Ticket(s)/Pass(es) provided	by agency? Yes		f no:	Name of Source	<del></del>
	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 individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	Admin-HR		49/5	Per policy N	o. 100-03 (a)	
	Development Services		63	Per policy N	o. 100-03 (a)	
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the	following:
				1	nonial Role Other Other or "Other" de	
				1	nonial Role Other Cining "Ceremonial Role" or "Other" de	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	Bob Gonzales 1301 E. Avenue I, Sp. 184	, Lancaster 93535	18	Per Policy 1	00-03 (d)	
	Bryan Benefiel, MD 44725 10th St. W., Ste. 29	0 Lancaster 93534	18	Per Policy 10	00-03 (d)	
<del></del>	Verification					
_	I have read and understand FP with the requirements.	PC Regulations 18944	1.1 and 18942.	I have verified t	hat the distribution set f	orth above, is in accordance
_	Signature of Agency Head or Design		ritt Avrit		City Clerk	6/6/17 (month, day, year)
	Comment:	mo:			1140	(monus, day, your)

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



ontinuation Sheet		A Public Document
gency Name		
of Lancaster		
Recipients • Use Section A to identify the agency's department or unit	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
Development Services	63	Per policy No. 100-03 (a)
Parks, Recreation & Arts	28	Per policy No. 100-03 (a)
Finance	27/1	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  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
	gency Name of Lancaster  Recipients  *Use Section A to identify the agency's department or unit  A. Name of Agency, Department or Unit  Development Services  Parks, Recreation & Arts  Finance  B. Name of Individual (Last, First)	regency Name of Lancaster  Recipients  • Use Section A to identify the agency's department or unit.  A. Name of Agency, Department or Unit  Development Services  63  Parks, Recreation & Arts  28  Finance  27/1  B. Name of Individual (Last, First)  Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes

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

Ι.	Agency Name				Date Stamp	Public Document
	City of Lancaster				Julio Glamp	California 802
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Septiment of the Control of the Con	The Property of the Control of the C				
	Designated Agency Contact	(Name,Title)			JUN06'17pm0'	2: <b>2</b> 4:36-0LERK
	Britt Avrit, City Clerk	, ,				
	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 tick	ket policy?	⊠ No □	Face Value of	Each Ticket/Pass \$ $\frac{2}{}$	4-\$28;parking \$5
	• •					
	Event Description: Jethawks	Provide Title/ Expla	nation	Date(s)	<u>, 9 , 17 </u>	5 , 29 , 17
	Ticket(s)/Pass(es) provided	·		f no:		
					Name of Source	
	Was ticket distribution made	at the behest Yes	□ No⊠ <sup> </sup>	f yes:	Official's Name (Last, First)	
	of agency official?					
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 iden	tify an outside organization.
			Number	1		
	A. Name of Agency, Depa	ertment or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pui	suant to the agency's policy
	Admin-IT-HR			Per policy No	o. 100-03 (a)	
			71/8	S. pssy . t.	o. 100 00 (u)	
	Development Services			Per policy No	o. 100-03 (a)	
			45	l or policy it	s. 100 00 (u)	
	B. Name of India	vidual	Number		Identify one of the f	ia Navola av
	(Last, Firs		of Ticket(s)/ Passes		identity one of the f	ollowing:
				Cerem	onial Role Other	Income _
				If check	ing "Ceremonial Role" or "Other" de	scribe below:
	<u> </u>			Cerem	onial Role Other	Income
				If check	ing "Ceremonial Role" or "Other" de	scribe below:
	C. Name of Outside Or		Number of Ticket(s)/	Describe the	e public purpose made pur	suant to the agency's policy
	(include address and	description)	Passes			
	Sheldon Carter		17	Per Policy 10	00-03 (o)	
	42314 73rd St. West, Lanc	aster 93536				
	Verification					
٠.	I have read and understand FPI	PC Regulations 18944	.1 and 18942.	I have verified to	hat the distribution set fo	orth above, is in accordance
	with the requirements					
	MIH WW	D-	itt Avrit		City Clark	6/6/47

T. VCIIIIGALIOII			
I have read and understand FPPC Regula with the requirements	tions 18944.1 and 18942. I have	verified that the distribution set fort	h above, is in accordance
Sutt ( Mut	Britt Avrit	City Clerk	6/6/17
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



ontinuation Sheet		A Public Document
gency Name		
y of Lancaster		
Recipients  • Use Section A to identify the agency's department or us	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)
Parks, Recreation & Arts	41	Per policy No. 100-03 (a)
Finance	12	Per policy No. 100-03 (a)
Public Safety	21	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 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

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

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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				
	Lancaster Choice Energy		THMOCH Toward	2: <b>24</b> :51-CLERK				
	Designated Agency Contact	(Name, Title)			I JUNUO 1 (LWA)	Cidelini Octivi		
	Britt Avrit, City Clerk				☐ Amendment (Musti	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Antendment (wasterovide Explanation in rait 5.)			
	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? Yes	⊠ No 🗆 F	ace Value of l	Each Ticket/Pass \$ $\frac{2}{1}$	8		
	Event Description: LPAC Ev				, 13 , 17			
	Event Description:	Provide Title/ Expla	nation L	Jate(s)				
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No□ I	f no:				
					Name of Source			
	Was ticket distribution made	e at the behest Yes	□ No⊠ ¹	f yes:	Official's Name (Last, First)			
	of agency official?							
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 iden	itify an outside organization.		
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
	B. Name of Indi	Number of Ticket(s)/ Passes		Identify one of the	following:			
					onial Role Other Cing "Ceremonial Role" or "Other" de	_		
	<del></del>				onial Role Other Cing "Ceremonial Role" or "Other" de	<del></del>		
	C. Name of Outside O (include address and	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's polic					
	Kimberly Singleton 44550 15th St E #14, Land	2	Per Policy 100-03 (e)					
	Andrea Jimenez 145 E Avenue Q-7, Palmd	ale 93550	2	Per Policy 10	00-03 (e)			
1.	Verification		*					
••	I have read and understand FF with the requirements.	PC Regulations 18944	1.1 and 18942.	I have verified t	hat the distribution set f	orth above, is in accordance		
	Brott ( lend	В	ritt Avrit		City Clerk	6/6/17		
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)		
	Comment:	COPATY .				(		

## Agency Report of:

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(	Ceremoni	ial	Role	<b>Events</b>	and	Ticket/Pass	Distributions	5

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<b>~</b>	Гι	JUI	IC	DUG	uIII	en

1	Agency Name				Date Stamp	California OOO			
١.					Date Stamp	Form 802			
	City of Lancaster					For Official Use Only			
	Division, Department, or Reg	ion (if applicable)							
	Designated Agency Contact	(Nome Title)	JUN06117pm0	21 <b>2</b> 4:41-CLERK					
	Designated Agency Contact	Name, i itie)							
	Britt Avrit, City Clerk	414			Amendment (Must F	Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail							
	661-723-6020	bavrit@cityoflan	casterca.org		Date of Original Filing:	(month, day, year)			
<del>2</del> .	Function or Event Infor	mation							
	Does the agency have a tick	cet policy?	ace Value of	Each Ticket/Pass $\frac{3}{2}$	9				
		•							
	Event Description: LPAC Ex	Provide Title/ Ex	rolonation [	Date(s)	<u>, 20 , 17 </u>				
	Ticket(s)/Pass(es) provided			f no:					
	Tionot(o)/T doo(oo) provided	by agonoy.	3 MOL 1	O If no:					
	Was ticket distribution made	at the behest Ye	s □ No 図 <sup>l'</sup>	f yes:	Official's Name (Last, First)				
	of agency official?				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 individ	ual. • Use Section C to iden	tify an outside organization.			
	A. Name of Agency, Depa	ertment or Unit	Number of Ticket(s)/						
			Fasses						
	ğ								
	B. Name of Indi		Number of Ticket(s)/	Identify one of the following:					
	(Last, Fire	st)	Passes						
	Parris, R. Rex				nonial Role X Other				
			2	Per Policy 1	cking "Ceremonial Role" or "Other" describe below:   00-03 (h)				
	7								
	Malhi, Raj				nonial Role X Other				
			4	Per Policy 10	ing "Ceremonial Role" or "Other" de 30-03 (h)	escribe below:			
	(4			1 01 1 0110, 11	()				
	C. Name of Outside O	rganization	Number of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy			
	(include address and	description)	Passes		81 11 11 11 11				
	·								
1	Verification								
		NDO Dogini - 400	144 4 === 1400 40	I hours we die it	that the distribution of t	iadh abaya is is seessis			
•	I have read and understand FP with the requirements.	PC Regulations 189	144.1 and 18942.	i riave verified t	nai the distribution set f	orm above, is in accordance			
	VI ( // 1		Dollar Access		014 01 1	0/0/47			
-	Sie Clut		Britt Avrit		City Clerk	6/6/17			
	Signature of Agency Head or Design	ee	Print Name		nue	(month, day, year)			
	Comment:	10							