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

A Public Document

1.	Agency Name				Date Stamp	California Q02	
	City of Lancaster					Form OUZ	
	Division, Department, or Region (if applicable)					For Official Use Only	
	Lancaster Choice Energy				TO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	Designated Agency Contact (Name, Title)				JUL07'17AM09	: 19:49-ULEKK	
	Britt Avrit, City Clerk				Amendment (Must Pr	ovide Evolenation in Part 3)	
	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)	
<u>-</u> 2.	Function or Event Infor	mation					
	Does the agency have a ticket policy? Yes ⊠ No ☐ Face Value of Each Ticket/Pass \$ 15						
				8 , 17			
	Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no:						
					Name of Source		
	Was ticket distribution made	at the behest Yes	□ No⊠ ^I	f yes:	Official's Name (Last, First)		
	of agency official?						
	Use Section A to identify the agency's department or unit. A Name of Agency, Department or Unit		Number of Ticket(s)/		ual. • Use Section C to identi		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:		
					onial Role Other Other or "Other" desc	Income Cribe below:	
	-				onial Role Other Ining "Ceremonial Role" or "Other" desc	_	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy	
	Alicia Marie Keeley 1304 W. Avenue H-7, Land	caster, CA 93534	4	Per policy N	o. 100-03 (e)		
	Crista McCabe 19721 Plummer St., Chats	worth, CA, 91311	4	Per policy N	o. 100-03 (e)		
4.	Verification						
	I have read and understand FP with the requirements.	PC Regulations 18944	1.1 and 18942.	l have verified t	hat the distribution set fo	rth above, is in accordance	
	Scott West Br		ritt Avrit		City Clerk	7/7/17	
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)	
	Signature of Agency Head or Design Comment:	ee P	rint Name		Title	(month, day,)	

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



gency Name v 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.						
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
	F 43343					
B. 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 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				
Emanuel Contreras 43028 30th St. W., Lancaster, 93536	4	Per policy No. 100-03 (e)				
Isaac Chabolla 42910 50th St. W., Lancaster, 93536	4	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 Region (if applicable)					For Official Use Only
					JUL07'17AMO	9: 1 9:55-CLERK
	Designated Agency Contact (Name, Title)					
	Britt Avrit, City Clerk				Amendment /Must	Provide Explanation in Part 3.1
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)	
	661-723-6020	bavrit@cityoflanca	sterca.org		Date of Original Filings	:(month, day, year)
2.	Function or Event Infor	nation				
					Each Ticket/Pass $\frac{2}{3}$	24-\$28;parking \$5
					, 8 , 17	
	·				Name of Source	
	Was ticket distribution made	at the behest Yes	□ No⊠ ^{II}	f yes:	Official's Name (Last, First))
	of agency official?					
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, Depa	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
	Admin-IT-CC-COMM		39/6	Per policy No. 100-03 (a)		
	Development Services	27/4	Per policy No. 100-03 (a)			
	B. Name of Indi	Number of Ticket(s)/ Passes	Identify one of the following:			
	,				onial Role Other I ing "Ceremonial Role" or "Other" d	
					onial Role Other Other Other Other Other Other Other Other	_
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
	Bob Gonzales 1301 E. Ave I., Sp 184, La	ncaster 93535	4	Per Policy 10	00-03 (o)	
	LA County Sheriff Dept 501 W. Lancaster Blvd., La	incaster 93534	25	Per Policy 10	00-03 (g)	
4.	Verification					
S	I have read and understand FP with the requirements.	PC Regulations 18944	.1 and 18942.	I have verified t	hat the distribution set i	forth above, is in accordance
	Block Chat Britt Avrit				City Clerk	7/7/17
_	Signature of Agency Head or Design	rint Name		Title	(month, day, year)	
	Comment:					

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



Continuation Sheet A Public Documen						
Agency Nam	ne					
ity of Lancas	ster					
•	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			
Housing		4/1	Per policy No. 100-03 (a)			
Parks, Ro	ecreation & Arts	31/4	Per policy No. 100-03 (a)			
Finance		31/6	Per policy No. 100-03 (a)			
LCE		25/16	Per policy No. 100-03 (n)			
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:			
d .			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:			
<u> </u>			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:			
9			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:			
1			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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Britt Avrit, City Clerk	Form OUZ For Official Use Only				
Lancaster Choice Energy Designated Agency Contact (Name, Title) Britt Avrit, City Clerk Amendment (Mu.					
Designated Agency Contact (Name, Title) Britt Avrit, City Clerk Amendment (Mu.					
Britt Avrit, City Clerk					
Amendment (Mu.	09: 20 :00-CLERK				
	st Provide Explanation in Part 3.)				
Area Code/Phone Number E-mail	January				
661-723-6020 bavrit@cityoflancasterca.org Date of Original Filin	g:(month, day, year)				
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) 6 / 6 / 17 6 / 17					
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no:					
Was ticket distribution made at the behest Yes ☐ No ☒ If yes:	st)				
of agency official?					
3. Recipients					
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to id	entify an outside organization.				
A. Name of Agency, Department or Unit Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
Admin 18/2 Per policy No. 100-03 (a)	Per policy No. 100-03 (a)				
Development Services 6 Per policy No. 100-03 (a)	Per policy No. 100-03 (a)				
B. Name of Individual of Ticket(s)/ Passes Identify one of the	Identify one of the following:				
	emonial Role Other Income ocking "Ceremonial Role" or "Other" describe below:				
Ceremonial Role ☐ Other					
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
Frances Calderon-Women's Clinic 18/4 Per Policy 100-03 (d)					
Michelle Flannagan 2010 W. Ave. K #454, Lancaster 93536 Per Policy 100-03 (d)	Per Policy 100-03 (d)				
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	7/7/17				
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**



gency 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				
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy		
LCE	39	Per policy No. 100-03 (n)		
Parks, Recreation & Arts	10	Per policy No. 100-03 (a)		
Public Safety	9/2	Per policy No. 100-03 (a)		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:		
		Ceremonial Role 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		
Karen Thrasher - Quartz Hill Women's Club 3031 W. Ave. M-7, Lancaster, 93536	18/4	Per Policy 100-03 (d)		