#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form City of Lancaster For Official Use Only Division, Department, or Region (if applicable) SEP2017ex12:**5**5:89-0. ERK Designated Agency Contact (Name, Title) Britt Avrit, City Clerk ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 661-723-6020 bavrit@cityoflancasterca.org (month, day, year) 2. Function or Event Information 24-\$28;parking \$5 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: <u>Jethawks baseball games</u> Date(s) \_\_8\_\_/\_ 31 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no:\_\_ Was ticket distribution made at the behest Yes ☐ No 🖾 If yes: \_ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Admin-CC Per policy No. 100-03 (a) 16/6 **Development Services** Per policy No. 100-03 (a) 17/4 Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income \_\_\_ Carter, Sheldon If checking "Ceremonial Role" or "Other" describe below: 25 Per Policy No. 100-03 (h) Income Ceremonial Role Other $\square$ If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Neil Patrizio/Calvary Chapel Men's Group Per Policy 100-03 (g) 25/4 1833 W. Ave. J, Lancaster 93534 Per Policy 100-03 (o) MOAH Fundraiser Certificate 25/4

4. Verification

with the requirements.	tions 18944.1 and 18942. I have	verified that the distribution set fort	h above, is in accordanc
Succe Cleve	Britt Avrit	City Clerk	9/20/2017
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			



_	Agency Name		
Cit	y of Lancaster		
3.	Recipients  • Use Section A to identify the agency's department or unit.	Use Section B to i	dentify 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	12/3	Per policy No. 100-03 (a)
	Parks, Recreation & Arts	14/3	Per policy No. 100-03 (a)

Parks, Recreation & Arts	14/3	Per policy No. 100-03 (a)
3. 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 Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role  Other  Income  Income  If checking "Ceremonial Role" or "Other" describe below:
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Andy Visokey/Desert Christian HS 2340 W. Ave. J-8, Lancaster, 93536	25/5	Per policy No. 100-03 (g)
Robert Teller/Antique Auto Club of America 42725 2nd St. E., Lancaster, 93535	25	Per Policy No. 100-03 (d)
Kent Troxell/EAFB Experimental Aircraft Assn 3325 Lennox Ct., Palmdale, 93551	25	Per Policy No. 100-03 (f)

Comment: \_

Agency Report of: Ceremonial Role Evel	nts and Ticket/P	ass Distr	ibutions	A	Public Document
1. Agency Name				Date Stamp	California 802
City of Lancaster					Form OUZ
Division, Department, or Re	gion (if applicable)				For Official Use Only
Lancaster Choice Energy				SEP20'17pm)2	\$:55:48-CLERK
Designated Agency Contact (Name, Title)					
Britt Avrit, City Clerk					
Area Code/Phone Number	E-mail			Amenament (Must F	Provide Explanation in Part 3.)
661-723-6020	bavrit@cityoflanca	sterca.org		Date of Original Filing:	(month, day, year)
2. Function or Event Info	rmation				1.000
Does the agency have a tid	cket policy? Yes [	⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$ $\frac{2}{}$	4-\$28;parking \$5
Event Description: Jethawl	ks baseball games		Date(s)8	<u>, 8 , 17 </u>	8 , 31 , 17
Ticket(s)/Pass(as) provide	Provide Title/ Explain		f no:		
Ticket(s)/Pass(es) provided	by agency? Yes [	⊠ No □ I	f no:	Name of Source	
Was ticket distribution mad	e at the behest Yes [	J No.⊠ I	f yes:		
of agency official?	100 [	_ 110 22		Official's Name (Last, First)	
A. Name of Agency, Dep		Use Section B to  Number of Ticket(s)/ Passes	Describe th	e public purpose made pui	tify an outside organization.
Admin/IT		4/2	Per policy N	o. 100-03 (a)	
Development Services		4/1	Per policy N	o. 100-03 (a)	
B. Name of Inc.		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
			1	onial Role Other Ling "Ceremonial Role" or "Other" de	
-				nonial Role Other Cing "Ceremonial Role" or "Other" de	_
C. Name of Outside (include address an		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
Aaron Johnson/Venco We 2400 Eastman Ave., Oxna		17/8	Per Policy 10	00-03 (d)	
Anne Holden/PIHRAAV PO Box 2110, Lancaster,	93539	18	Per Policy 10	00-03 (d)	
4. Verification			**		
Phave read and understand Fi with the equirements.	PC Regulations 18944	.1 and 18942.	l have verified t	hat the distribution set fo	orth above, is in accordance
Shirt Sur	<b>├</b> ` Br	itt Avrit		City Clerk	9/20/17
Signature of Agency Head or Desig	nee Pr	rint Name		Title	(month, day, year)



Agency I	Name					
ty of Lar						
<ul><li>3. Recipients</li><li>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 organ</li></ul>						
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
LCE		18/2	Per policy No. 100-03 (a)			
Parks	, Recreation & Arts	58/10	Per policy No. 100-03 (a)			
Public	c Safety	36/5	Per policy No. 100-03 (a)			
Finar	nce	2/1	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 If checking "Ceremonial Role" or "Other" describe below:			
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:			
( <del></del>			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			
3						
<del>-</del>						
			1			

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

**A Public Document** 

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				SEP20117PM12	2:56:27-OLERK
	Designated Agency Contact	(Name,Title)			1	10.120
	Britt Avrit, City Clerk				Amendment (Must F	Provide Explanation in Part 3,)
	Area Code/Phone Number	E-mail			Amendment (mastr	Tovide Explanation III are dif
	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 I	Each Ticket/Pass \$	5
	Event Description: Jethawk				<u>, 8 , 17</u>	
	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⊠ <sup>I</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.		identify an individ	lual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
			Number			
	B. Name of Indi		of Ticket(s)/ Passes		Identify one of the f	ollowing:
					nonial Role Other Ching "Ceremonial Role" or "Other" de	
					nonial Role Other cing "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
	Jessica Esteva 5789 Golding Dr., Lancast	er, 93536	4	Per policy No	o. 100-03 (e)	
	Kimberly Singleton 44550 10th St. E., Lancast	er 93535	4	Per policy No	o. 100-03 (e)	
			**	7//		
ī.	Verification					
	Verification  I have read and understand FP with the requirements.	PC Regulations 1894	4.1 and 18942.	I have verified t	that the distribution set fo	orth above, is in accordance
	I have read and understand FP	ВВ	4.1 and 18942. ritt Avrit	I have verified t	that the distribution set for Clerk	orth above, is in accordance 9/20/17 (month, day, year)

3.



gency Name								
r of Lancaster Recipients								
	se 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						
2 <del>-</del>								
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  Income  If checking "Ceremonial Role" or "Other" describe below:						
3		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:						
		Ceremonial Role  Other  Income  Income						
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						
Jen Kubat 3918 Pacific Ave., Rosamond, 93560	4	Per policy No. 100-03 (e)						
Angela Martinez 4555 W. Ave. H-1, Lancaster 93534	4	Per policy No. 100-03 (e)						
Rose Ann 2637 W. Norberry, Lancaster 93534	4	Per policy No. 100-03 (e)						
Cassandra Contreras 43028 30th St. W., Lancaster 93536	4	Per policy No. 100-03 (e)						

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

Comment: \_\_

Ceremonial Role Events and Ticket/Pass Distributions		A Public Doc	ublic Document	
. Agency Name	Date Stamp	California Form	202	
City of Lancaster		Form	002	
Division, Department, or Region (if applicable)	1	For Official Us	se Only	
Laboration Objects Francis		<b>I</b>		

City of Lancaster					Form OCL
Division, Department, or Region (	(if applicable)				For Official Use Only
Lancaster Choice Energy			SEP20'17p <b>x12'56</b> :31-CLERK		
Designated Agency Contact (Nam	e,Title)			ACT CATTLESTS	410P.13T-CFEK
Britt Avrit, City Clerk				Amendment (Must Pro	ovide Explanation in Part 3.)
Area Code/Phone Number E-n	Area Code/Phone Number   E-mail				THE EXPLANATION IN THE CASE
661-723-6020 ba	vrit@cityoflancas	terca.org		Date of Original Filing: _	(month, day, year)
2. Function or Event Informat	ion				
Does the agency have a ticket p	oolicy? Yes 🗵	No □ F	ace Value of	Each Ticket/Pass \$	
Event Description: Jethawks ba	seball games  Provide Title/ Explana	[	Date(s)8	, 8 , 17	8 , 31 , 17
Ticket(s)/Pass(es) provided by a	agency? Yes ⊠	] No □ If	f no:	Name of Source	
Was ticket distribution made at t of agency official?	he behest Yes ☐	] No⊠ <sup>II</sup>	f yes:	Official's Name (Last, First)	
3. Recipients • Use Section A to identify the agency's d	lepartment or unit. • U	Jse Section B to	identify an individ	ual. • Use Section C to identif	ry an outside organization.
A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Passes		Identify one of the fol	llowing:
(1200,120)		F 43563		nonial Role Other in Other ing "Ceremonial Role" or "Other" descriptions	Income Income
				onial Role Other of "Other of "Other" descriptions of "Other" descriptions of the other of the o	Income Income
C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
Isaac Chabolla 42910 50th St. W., Lancaster 9	93536	4	Per policy N	o. 100-03 (e)	
Melissa Grubb 554 E. Ivyton, Lancaster, 9353	6	4	Per policy N	o. 100-03 (e)	
4. Verification  I have read and understand FPPC I with the requirements.  Signature of Agency Head or Designee	Brit	1 and 18942.  tt Avrit	I have verified t	that the distribution set for City Clerk Title	th above, is in accordance 9/20/17 (month, day, year)

#### **Agency Report of:**

Comment: \_\_

	eremonial Role Even	ts and Ticket/l	Pass Distr	ibutions	A	Public Document
1.	Agency Name				Date Stamp	California 802
	City of Lancaster					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
					QEP90/175u1	2. <b>56</b> :35-CLERK
	Designated Agency Contact (Name, Title)			ATT COTILEMY	Z-190×30 TULEKK	
	Britt Avrit, City Clerk			Amendment (Must F	Provide 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 Infor	mation			4	4.00
	Does the agency have a tick	ket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ 1	1-30
	Event Description: AV Fair	Admission & Events	/Parking [	Date(s)8	<u>, 18 , 17 </u>	8 , 27 , 17
	Tielset(a)/Deep(ee) provided	Provide Title/ Expl		ε Δntelone	Valley Fair Authority,	ΙΡΔ
	Ticket(s)/Pass(es) provided	by agency? Yes	_		Name of Source	or A
	Was ticket distribution made	at the behest Yes	⊠ No□ I	f yes: <u>Bozigia</u>	n, Mark Official's Name (Last. First)	
	of agency official?				Official's Name (Last, First)	
3.	• Use Section A to identify the agen  A. Name of Agency, Depa		Number of Ticket(s)/			tify an outside organization.
	Housing		Passes	Por Policy N	lo. 100-03 (a)	
	Housing		12	Per Folicy N	io. 100-03 (a)	
	Finance	12	Per Policy N	lo. 100-03 (a)		
	B. Name of Individual (Last, First)  Underwood-Jacobs, Angela  Malhi, Raj		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
			30	If check	nonial Role X Other Ling "Ceremonial Role" or "Other" del lo. 100-03 (h)	
			20	If check	nonial Role  Other  on "Other" des	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	-					
<b>4</b> .	Verification		*			
	I have read and understand FP	PC Regulations 1894	4.1 and 18942.	I have verified t	that the distribution set fo	orth above, is in accordance
,	with the requirements.					
->	Stitl Car		ritt Avrit		City Clerk	9/20/17
	Signature of Agency Head or Design	ee	Print Name		Title	(month, day, year)



Agency	Name
--------	------

City of Lancaster

#### 3. Recipients

Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
50	Per Policy No. 100-03 (a)
49/5	Per Policy No. 100-03 (a)
40	Per Policy No. 100-03 (a)
13/1	Per Policy No. 100-03 (a)
Number of Ticket(s)/ Passes	Identify one of the following:
2/1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:  Per Policy No. 100-03 (h)
2/1	Ceremonial Role  Other  Income  Income  If checking "Ceremonial Role" or "Other" describe below:  Per Policy No. 100-03 (h)
2/1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:  Per Policy No. 100-03 (h)
2/1	Ceremonial Role  Other  Income  Income  Income  Per Policy No. 100-03 (h)
Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	of Ticket(s)/ Passes  50  49/5  40  13/1  Number of Ticket(s)/ Passes  2/1  2/1  2/1  Number of Ticket(s)/

### **Agency Report of:**

C	eremonial Role Even	ts and Ticket/F	A Public Document			
1.	Agency Name				Date Stamp	California 802
	City of Lancaster					1 31111
	Division, Department, or Region (if applicable)					For Official Use Only
	Designated Agency Contact	(Name, Title)	SEP20117pH12	:56:41-CLERK		
	Britt Avrit, City Clerk					
	Area Code/Phone Number				Amendment (Must P	rovide Explanation in Part 3.)
	661-723-6020	bavrit@cityoflanca	sterca.org		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation				
				Face Value of	Each Ticket/Pass \$	-30
					<u>, 18 , 17 </u>	
	Provide Title/ Explanation					
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ If			f no: Antelope	Valley Fair Authority,  Name of Source	JPA
	Was ticket distribution made at the behest Yes ☒ No ☐			f yes: Bozigia	n, Mark	
	of agency official?	.00			Official's Name (Last, First)	
<del></del> 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, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the fo	allowing:
	(Last, Fir	Passes		identity one of the fe	mownig.	
	Hall, Randy		2/1	If check	nonial Role  Other  or "Other" des o. 100-03 (h)	
	Hearns, Angela		2/1		ionial Role  Other  or "Other" des o. 100-03 (h)	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	,					
<del>-</del> 4.	Verification					
	I have read and understand FP	PC Regulations 18944	1.1 and 18942.	I have verified t	hat the distribution set fo	rth above, is in accordance
	with the requirements.	+ .	ritt Avrit		City Clerk	9/20/17
_	Signature of Agency Head or Design		rint Name		Title	(month, day, year)

Comment: \_\_\_\_\_



gency Name / of Lancaster						
Recipients  • Use Section A to identify the agency's department or uni	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:				
Latanzi, Denise	2/1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:  Per Policy No. 100-03 (h)				
Martinez, Yoab	2/1	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:  Per Policy No. 100-03 (h)				
Muhammad, Arisah	2/1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:  Per Policy No. 100-03 (h)				
Rodriguez, Liza	2/1	Ceremonial Role Other Income Income Free 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 California Date Stamp City of Lancaster For Official Use Only Division, Department, or Region (if applicable) SEP20117PM12156:46-CLERK Designated Agency Contact (Name, Title) Britt Avrit, City Clerk Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 661-723-6020 bavrit@cityoflancasterca.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 11-30 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: AV Fair Admission & Events/Parking Date(s) \_\_8 18 Provide Title/ Explanation If no: Antelope Valley Fair Authority, JPA Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Name of Source If yes: Bozigian, Mark Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income  $\square$ Hearns, Henry If checking "Ceremonial Role" or "Other" describe below: 2/1 Per Policy No. 100-03 (h) Ceremonial Role Income Other  $\square$ Dorris, Darrell If checking "Ceremonial Role" or "Other" describe below. 2/1 Per Policy No. 100-03 (h) Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification			
I have read and understand FBPC Regular with the requirements.	tions 18944.1 and 18942. I have	verified that the distribution set fort	h above, is in accordance
Sout Clut	Britt Avrit	City Clerk	9/20/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			



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					
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:					
Thomas, Shunnon	2/1	Ceremonial Role Other Income Income Income Income Income Per Policy No. 100-03 (h)					
Vierra, David	2/1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:  Per Policy No. 100-03 (h)					
Wiley, Timothy	2/1	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:  Per Policy No. 100-03 (h)					
		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					