

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

**A Public Document**

<b>1. Agency Name</b> City of Lancaster Division, Department, or Region (If Applicable)		Date Stamp  NDU08'17PM12:59:35-CLERK	California Form <b>802</b> For Official Use Only
Designated Agency Contact (Name, Title) Britt Avrit, City Clerk			
Area Code/Phone Number 661-723-6020	E-mail bavrit@cityoflancafterca.org	<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 37

Event Description LPAC Event Date(s) 10 / 17 / 17  
Provide Title/Explanation

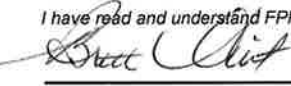
Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Crist, Marvin		Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Per Policy 100-03 (h)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	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.

 \_\_\_\_\_ **Britt Avrit** \_\_\_\_\_ **City Clerk** \_\_\_\_\_ **11/8/17**  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)