## **Agency Report of:**

Comment: \_\_

## **Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document** 

	Agency Name				Date Stamp	California Q00	
	ty of Lancaster				Sate Starrip	Form 802	
	<u></u>	vision, Department, or Region (If Applicable)				For Official Use Only	
	Designated Agency Contact (Name, Title)				DEC11'17pm01:85:02-CLERK		
						A SOUT OFFICE	
	Britt Avrit, City Clerk						
	Area Code/Phone Number   E-mail				Amendment (Must provide explanation in Part 3.)		
	661-723-6020	bavrit@city	oflancasterca.	org	Date of Original Filing	:(Month, Day, Year)	
2.	Function or Event Infor	mation			l <sub>it</sub>		
	Does the agency have a ticket policy? Yes ⋈ No ☐ Face Value o				f Each Ticket/Pass \$ .	54	
	<del>-</del> -				, 11 , 17		
	Event Description	Provide Title/Exp					
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:						
	165 M 140 M				Name of S	ource	
	Was ticket distribution made at the behest No ☒ Yes ☐ If yes:				Official's Name	// oat First)	
	of agency official?				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.  Number of						
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy	
	7.						
			11				
	B. Name of Individua	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	B. Name of Individua (Last, First)  Crist, Marvin	al	Ticket(s)/	Ceremonial Role  If checking "Ceremonial  Per Policy 100-03 (	Other  al Role" or "Other" describe below	Income	
	(Last, First)	al	Ticket(s)/	Per Policy 100-03 (	Other  al Role" or "Other" describe below	Income Income	
	(Last, First)	ization	Ticket(s)/	Per Policy 100-03 (  Ceremonial Role  If checking "Ceremonial	Other all Role" or "Other" describe below h)  Other	Income Income	
	C. Name of Outside Organ (include address and des	ization	Number of Ticket(s)/	Per Policy 100-03 (  Ceremonial Role  If checking "Ceremonial	Other	Income Income	
	Crist, Marvin  Name of Outside Organ	ization cription)	Number of Ticket(s)/ Pass(es)	Per Policy 100-03 (  Ceremonial Role If checking "Ceremonial  Describe the pub	Other all Role" or "Other" describe below h)  Other all Role" or "Other" describe below describe below describe below describe made pursuar	Income Income	
	C. Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es)	Per Policy 100-03 (  Ceremonial Role If checking "Ceremonial  Describe the pub	Other all Role" or "Other" describe below h)  Other all Role" or "Other" describe below describe below describe below describe made pursuar	Income Income	

**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) DEC11'17PHO1:37:45-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 \$  $\frac{85}{2}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Field of Drafts Brew Festival 11 Date(s)\_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: \_ Was ticket distribution made at the behest Yes ☐ No 区 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other  $\square$ Income Crist, Marvin If checking "Ceremonial Role" or "Other" describe below: 2 Per Policy 100-03 (h) Ceremonial Role Income Other Mann, Ken If checking "Ceremonial Role" or "Other" describe below: 2 Per Policy 100-03 (h) Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 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, City Clerk 12/11/17 **Britt Avrit** Signature of Agency Head or Designee (month, day, year) Print Name

**Agency Report of:** 

Comment:\_

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



of Lancaster						
ecipients (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)/	Describe the public purpose made pursuant to the agency's policy				
	Passes					
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:				
Underwood-Jacobs, Angela	2	Ceremonial Role Other Income  If checking "Ceremonial Role" or "Other" describe below:  Per Policy 100-03 (h)				
Malhi, Raj	2	Ceremonial Role  Other  Income  If checking "Ceremonial Role" or "Other" describe below:  Per Policy 100-03 (h)				
Parris, R. Rex	2	Ceremonial Role  Other  Income If checking "Ceremonial Role" or "Other" describe below:  Per Policy 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				