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

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City of Lancaster Division, Department, or Region (if applicable) Lancaster Choice Energy Designated Agency Contact (Name, Title) Britt Avrit, City Clerk Amendment (Must Provide Explanation in Parl 3) Dete of Original Piling:	1.	Agency Name				Date Stamp	California OOO
Division, Department, or Region (if expeciable) Lancaster Choice Energy Designated Agency Contact (Name, Title) Britt Avrit, City Clerk Area Code/Phone Number E-mail Benzil Ben	9)	• •					
Lancaster Choice Energy Designated Agency Contact (Name, Title) Britt Avrit (Lity Clerk Area Code/Phone Number (10,105 Provide Explanation in Part 3.) Date of Original Filling:			ion (if applicable)				For Official Use Only
Designated Agency Contact (Name, 7itle)		Lancaster Choice Energy				MONGANGA	O FOKAMI 1:99
Area Code/Phone Number 661-723-6020 bavril@cityoflancasterca.org Date of Original Filing:			(Name, Title)			Mid i m TA	OT THE CONTRACTOR
Date of Original Filing:		Britt Avrit, City Clerk					
2. Function or Event Information Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 10 Event Description: Lancaster Poppy Festival		Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)
2. Function or Event Information Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 10 ☐ Event Description: Lancaster Poppy Festival ☐ Date(s) 4 21 18 4 22 18 ☐ Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: ☐ Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ 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)/ Passes LCE ☐ 92 Per policy No. 100-03 (e) B. Name of Individual (Last. First) ☐ Describe the public purpose made pursuant to the agency's policy Passes Ceremonial Role ☐ Other ☐ Income ☐ If Orientality Townson Passes ☐ Other ☐ Income ☐ If Orientality Townson Passes ☐ Other ☐ Income		661-723-6020	 bavrit@citvoflanca	isterca.org		Date of Original Filing	·
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 10 Event Description: Lancaster Poppy Festival Provide Title Explanation Ticket(s)/Pass(es) provided by agency? Yes No Date(s) 4 21 18 4 , 22 , 18 Was ticked distribution made at the behest Yes No Date(s) 4	_					L	(montn, day, year)
Event Description: Lancaster Poppy Festival 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 of Source Was ticket distribution made at the behest Yes \(\) No \(\) If yes: Official's Name (Last, First) 3. Recipients - Use Section A to Identify the agency's department or unit. - Use Section A to Identify the agency's department or unit. - Use Section A to Identify the agency's department or Unit - Use Section A to Identify the agency's department or Unit - Use Section A to Identify the agency's department or Unit - Use Section A to Identify the agency's department or Unit - Use Section A to Identify the agency's department or Unit - Use Section A to Identify one of the following: - Passes - Per policy No. 100-03 (e) - Passes - Caremonial Role \(\) Other \(\) Income \(2.					4	ın
Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source				⊠ No □ F	Face Value of I	Each Ticket/Pass \$_	
Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source		Event Description: Lancaste	er Poppy Festival		Date(s)4/	<u>21 _/ 18</u>	4 , 22 , 18
Mas ticket distribution made at the behest Yes			Provide Title/ Expl	anation			
Mas ticket distribution made at the behest Yes		Ticket(s)/Pass(es) provided	by agency? Yes	M No □ I	f no:	Name of Source	_
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, Department or Unit		Was ticket distribution made	at the behest Yes	Lie.			
Name of Agency, Department or unit. Number of Ticket(sty) Passes B. Name of Individual (Last, First) Number of Ticket(sty) Passes B. Name of Individual (Last, First) Number of Ticket(sty) Passes Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (Include address and description) SEE ATTACHED Number of Ticket(sty) Passes Per policy No. 100-03 (e) Number of Ticket(sty) Identify one of the following: Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (Include address and description) SEE ATTACHED Number of Ticket(sty) Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(sty) Passes Describe the public purpose made pursuant to the agency's policy I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with Info Aequirgments Britt Avrit City Clerk 5/8/18 Signature of Agency Head or Designee Print Name Title (month, dey, year)			103		•	Official's Name (Last, First)	
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A. Name of Agency, Department or Unit Of Ticket(e)/ Passes		Use Section A to identify the agen	cy's department or unit.		identify an individ	ual. • Use Section C to ider	ntify an outside organization.
B. Name of Individual (Last, First) Ceremonial Role Other Income I		A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/	Describe the	e public purpose made pu	rsuant to the agency's policy
B. Name of Individual (Last, First)		LCE		92	Per policy No	o. 100-03 (e)	
B. Name of Individual (Last, First)	X						
B. Name of Individual (Last, First)							
C. Name of Outside Organization (include address and description) SEE ATTACHED Number		Name of Indi	vidual			11 10 20	
C. Name of Outside Organization (include address and description) SEE ATTACHED Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's policy Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency is policy Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency is policy Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency is policy Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency is policy Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency is policy Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency is policy Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency is policy Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency is policy Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency is policy Number of Ticket(s)/Passes Describe the public purpo						identity one of the	following:
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C. Name of Outside Organization (include address and description) SEE ATTACHED Describe the public purpose made pursuant to the agency's policy Passes Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy 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 Signature of Agency Head or Designee Print Name Title (month, day, year)					If check	ing "Ceremonial Role" or "Other" de	escribe below:
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C. Name of Outside Organization (include address and description) Of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Passes Describe the public purpose made pursuant to the agency's policy Passes I. 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 5/8/18 Signature of Agency Head or Designee Print Name Title (month, day, year)					If checki	ing "Ceremonial Role" or "Other" de	escribe below:
C. Name of Outside Organization (include address and description) Of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Passes Describe the public purpose made pursuant to the agency's policy Passes I. 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 5/8/18 Signature of Agency Head or Designee Print Name Title (month, day, year)							
SEE ATTACHED I. 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 5/8/18 Signature of Agency Head or Designee Print Name Title (month, day, year)				of Ticket(s)/	Describe the	public purpose made pu	rsuant to the agency's policy
I. 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 5/8/18 Signature of Agency Head or Designee Print Name Title (month, day, year)		SEE ATTACHED		1 45555			
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 5/8/18 Signature of Agency Head or Designee Print Name Title (month, day, year)		OLL ATTAOTILD					
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 5/8/18 Signature of Agency Head or Designee Print Name Title (month, day, year)		`					
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 5/8/18 Signature of Agency Head or Designee Print Name Title (month, day, year)							
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with the requirements Britt Avrit City Clerk 5/8/18 Signature of Agency Head or Designee Print Name Title (month, day, year)			PC Regulations 18944	1.1 and 18942	I have verified to	hat the distribution set t	forth above, is in accordance
Signature of Agency Head or Designee Print Name Title (month, day, year)		with the requirements			2.2.2		and a series of the adder addition
Signature of Agency Head or Designee Print Name Title (month, day, year)		Done Christ	В	ritt Avrit		City Clerk	5/8/18
Commonti		Signature of Agency Head or Design					
		Commonti					

Name	# of Tickets	Address
Don Parker	4	918 West Ave. J Lancaster, CA 93534
Megan Riley	5	43354 Sunny Ln. Lancaster, CA 93534
Bill Pao	5	43354 Harbor St. Lancaster CA, 93536
Carol Saul	5	1037 Brianna Ave. Lancaster, CA 93535
Cleone Murphy	5	2606 W. Ave. N-8 Palmdale, CA 93551
Elizabeth Ambriz	5	3300 15th St. W. #120 Rosamond, CA 93560
Tristian Williams	5	43024 Denmore Ave. Lancaster, CA 93535
Natasha Rodriguez	5	42315 Aaron Ct. Lancaster, CA 93536
Desiree Perez	5	44635 Camolin St. Lancaster, CA 93536

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distribut	ions
1 Agency Name	Date Stami

١.	Agency Name				Date Stamp	California R02
	City of Lancaster					Form OUZ
	Division, Department, or Regi	on (if applicable)				For Official Use Only
	Designated Agency Contact (Name, Title)			MAY 8/18	I-CLERKAMIII:30
	Britt Avrit, City Clerk				□ Amandmant (44)	B (1 5 to 15 to 8 10)
	Area Code/Phone Number	E-mail			. Must	Provide Explanation in Part 3,)
	661-723-6020	bavrit@cityoflanc	asterca.org		Date of Original Filing	(month, day, year)
2.	Function or Event Inform	nation				
	Does the agency have a tick	et policy? Yes	s⊠ No□ F	ace Value of I	Each Ticket/Pass \$ _	10
	Event Description: Lancaste	er Poppy Festival Provide Title/ Exp	Dianation	Date(s)4	<u>, 21 , 18</u>	4 , 22 , 18
	Ticket(s)/Pass(es) provided			f no:	Name of Source	
	Was ticket distribution made	at the behest Yes	s□ No⊠ ^{II}	f yes:	Official's Name (Last, First)
	of agency official?	ÿ				
3.	Recipients • Use Section A to identify the agend	cy's department or unit.	• Use Section B to	identify an individ	lual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	ursuant to the agency's policy
	Finance Dept.		30	Per policy No	o. 100-03 (a)	
	City Manager's Office Dept	t.	48	Per policy No	o. 100-03 (a)	
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the	following:
	Mann, Ken		4	If check	nonial Role Other on the control of the control o	
	Parris, R. Rex		4	1	nonial Role Other [sing "Ceremonial Role" or "Other" o D. 100-03 (h)	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
	:					
-	Verification			L		
	I have read and understand FPI with the requirements	PC Regulations 1894	14.1 and 18942.	l have verified t	hat the distribution set	forth above, is in accordance
,	Succe Chil	į.	Britt Avrit		City Clerk	5/8/18

A Public Document



Agency I	Name
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City of Lancaster

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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
Public Safety Dept.	20	Per policy No. 100-03 (a)
Housing Dept.	28	Per policy No. 100-03 (a)
Development Services Dept.	152	Per policy No. 100-03 (a)
Parks, Recreation & Arts Dept.	288	Per policy No. 100-03 (a)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Crist, Marvin	4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Per policy No. 100-03 (h)
Malhi, Raj	4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Per policy No. 100-03 (h)
Underwood-Jacobs, Angela	4	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Per policy No. 100-03 (h)
Carter, Sheldon	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Per 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
Senator Scott Wilk 848 W. Lanc. Blvd., #101, Lancaster, 93534	2	Per policy No. 100-03 (h)
Assemblyman Tom Lackey 852 W. Lanc. Blvd., Lancaster 93534	2	Per policy No. 100-03 (h)



	Recipients • Use Section A to identify the agency's department or uni	it. • 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
	Admin & Comm Svcs Dept	16	Per policy No. 100-03 (a)
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
	Cook, Diana	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Per policy No. 100-03 (h)
	Derryberry, Steven	2	Ceremonial Role Other Income Income Income Per policy No. 100-03 (h)
	Hall, Thomas (Randy)	2	Ceremonial Role Other Image Income In
9	Hearns, Angela	2	Ceremonial Role Other Image Income Income For 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

3.



Agency			
	pients	it. • 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
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Latan	zi, Denise	2	Ceremonial Role Other Mescribe below: Per policy No. 100-03 (h)
McDo	nald, Shannon	2	Ceremonial Role Other Income I
Mercy	v, Andrew	2	Ceremonial Role Other Image Income In
Seres	eres, Fran	2	Ceremonial Role Other Important Income Incom
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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3.	y of Lancaster Recipients		
	Use Section A to identify the agency's department or uni Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	identify an individual. • Use Section C to identify an outside organization. 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:
	Vose, James	2	Ceremonial Role Other Income I
١	Dell, Sue	2	Ceremonial Role Other Image Income Income If checking "Ceremonial Role" or "Other" describe below: Per policy No. 100-03 (h)
	9		Ceremonial Role Other Mescribe 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		A Public Document
1. Agency Name	Date Stamp	California 802

					The same of the sa	
. Agency Name				Date Stamp	California 802	
City of Lancaster					Form For Official Use Only	
Division, Department,	or Region (if applicable)				For Official Use Only	
				MOU OF 5.	-CLERKAM11:54	
Designated Agency Co	ontact (Name, Title)			AND PAGE	O TOWNHWIT USes	
Britt Avrit, City Clerk				Amendment /Must F	Provide Explanation in Part 3.)	
Area Code/Phone Num	ber E-mail			Amendment (wast)	TOVIDE Explanation III T art 5.)	
661-723-6020	bavrit@cityoflan	casterca.org		Date of Original Filing:	(month, day, year)	
					(monun, day, year)	
. Function or Event	Information			2.	4	
Does the agency have	e a ticket policy?	es 🛛 No 🗌 📑	ace Value of I	Each Ticket/Pass \$ 24		
Event Description: LF	AC Event		Date(s)	6 , 18		
Event Becomplien:	Provide Title/ E.	xplanation				
Ticket(s)/Pass(es) pro	ovided by agency? Ye	es 🖾 No 🔲 📗	f no:	Name of Source		
	made at the behest Ye	es 🗌 No 🗵 🕛	r yes:	Official's Name (Last, First)		
of agency official?						
. Recipients						
•	the agency's department or unit	. • Use Section B to	identify an individ	ual. • Use Section C to ident	ify an outside organization.	
	cy, Department or Unit	Number	F		suant to the agency's policy	
A. Name of Agen	cy, Department of Onit	of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy	
=						
		Number				
	e of Individual Last, First)	of Ticket(s)/ Passes		Identify one of the f	ollowing:	
			Cerem	onial Role Other 🗵	Income [
Bozigian, Mark		2	If check	ing "Ceremonial Role" or "Other" de		
		-	Per policy No	o. 100-03 (h)		
			0	onial Role Other	Income [
Underwood-Jacobs		2	If check	ing "Ceremonial Role" or "Other" des		
		-	Per policy No	o. 100-03 (h)		
		Number				
	itside Organization ess and description)	of Ticket(s)/	Describe the	e public purpose made pur	suant to the agency's policy	
		Passes	1007			
			1			
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. Verification						
	and FPPC Regulations 18	944.1 and 18942.	I have verified t	hat the distribution set fo	orth above, is in accordance	
with the requirements.	1 -					
Selete &	end	Britt Avrit		City Clerk	5/8/18	
Signature of Agency Head	or Designee	Print Name		Title	(month, day, year)	
_						
Comment:						

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) FR(AM)1134 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 \$ _54 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: LPAC Event Date(s) __4__/_ 28 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: __ Yes ☑ No □ Was ticket distribution made at the behest Yes ☐ No ☑ If yes: _ 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 of Ticket(s)/ Α. Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🗵 Income Malhi, Raj If checking "Ceremonial Role" or "Other" describe below: 2 Per policy No. 100-03 (h) Income Ceremonial Role Other 🔀 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**

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Comment: ___

with the requirements.			
Secte Gent	Britt Avrit	City Clerk	5/8/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form City of Lancaster For Official Use Only Division, Department, or Region (if applicable) Lancaster Choice Energy ERKANII 133 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 \$ 17 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: <u>Jethawks baseball</u> games Date(s) __4__/_17_/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Income ___ Other If checking "Ceremonial Role" or "Other" describe below: 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 C. (include address and description) Passes Per policy No. 100-03 (e) Isaac Chabolla 4 42910 50th St. W., Lancaster, CA 93536 Per policy No. 100-03 (e) Christina Tofte 4 4034 Vancouver Ln., Quartz Hill, CA 93536 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 5/8/18

Print Name

Signature of Agency Head or Designee

Comment: __

(month, day, year)



gency Name		
of Lancaster Recipients		
A Name of Agreemy Dougramous as Unit	Number of Ticket(s)/	identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy
A. Name or Agency, Department or Unit	Passes	Describe the public purpose made parodalities the agency o policy
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:
(4)		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
<u> </u>		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
Brooke Klein 1611 W. Ave. J-8 #202, Lancaster, CA 93536	4	Per policy No. 100-03 (e)
Matt Klohn 3648 Cornelius Ct., Rosamond, CA 93564	4	Per policy No. 100-03 (e)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form City of Lancaster For Official Use Only Division, Department, or Region (if applicable) MAY 84.8-(LERXAW11:34 Lancaster Choice Energy 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 \$ 24-\$28;parking \$5 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: <u>Jethawks baseball games</u> Date(s) 4 / 5 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: __ Yes ☑ 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 Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** City Managers Office Dept. Per policy No. 100-03 (a) 18 **Development Services Dept** Per policy No. 100-03 (a) 83 Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Income Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (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

Britt Avrit

Print Name

with the requirements.

Comment: _

Signature of Agency Head or Designee

5/8/18

(month, day, year)

City Clerk

3.



Agency by of Lar			
Reci	pients	it. • 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
Hous	ing Dept.	4	Per policy No. 100-03 (a)
Parks	s, Recreation & Arts Dept	23	Per policy No. 100-03 (a)
Finar	nce	24	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:
			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
50-			
() -			
7			

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name **Form** City of Lancaster For Official Use Only Division, Department, or Region (if applicable) ERKAM11:34 MAY BUB-C 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 \$ 24-\$28;parking \$5 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: <u>Jethawks baseball games</u> Date(s) 4 5 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ If yes: _ Was ticket distribution made at the behest Yes ☐ No ☒ 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes Per policy No. 100-03 (a) City Managers Office Dept. 45/8 Development Services Dept. Per policy No. 100-03 (a) 31 Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Income \square Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other \square If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (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 Britt Avrit 5/8/18 Signature of Agency Head or Designee Print Name (month, day, year)

Agency Report of:

Comment: _



of Lancaster Recipients		
	. • 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 Dept.	4	Per policy No. 100-03 (a)
Parks, Recreation & Arts Dept.	33	Per policy No. 100-03 (a)
Admin & Comm Svcs Dept	8/1	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 If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other 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