

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

A Public Document

1. Agency Name		Date Stamp MAY 8 '18 - CLERK AM 11:33	California Form 802 For Official Use Only
City of Lancaster			
Division, Department, or Region (if applicable) Lancaster Choice Energy		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Designated Agency Contact (Name, Title) Britt Avrit, City Clerk			
Area Code/Phone Number 661-723-6020	E-mail bavrit@cityoflancastrca.org		

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
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? Yes No If yes: _____
Official's Name (Last, First)

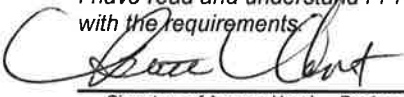
3. Recipients

• 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	Describe the public purpose made pursuant to the agency's policy
LCE	92	Per policy No. 100-03 (e)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
SEE ATTACHED		

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
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: _____

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

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Designated Agency Contact (Name, Title) Britt Avrit, City Clerk			
Area Code/Phone Number 661-723-6020	E-mail bavrit@cityoflancafterca.org	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

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
Provide Title/ Explanation

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

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Official's Name (Last, First)

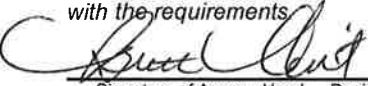
3. Recipients

• 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	Describe the public purpose made pursuant to the agency's policy
Finance Dept.	30	Per policy No. 100-03 (a)
City Manager's Office Dept.	48	Per policy No. 100-03 (a)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Mann, Ken	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per policy No. 100-03 (h)
Parris, R. Rex	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> 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

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

 Signature of Agency Head or Designee	Britt Avrit Print Name	City Clerk Title	5/8/18 <small>(month, day, year)</small>
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Comment: _____

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Continuation Sheet**

Agency 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 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 <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per policy No. 100-03 (h)
Malhi, Raj	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per policy No. 100-03 (h)
Underwood-Jacobs, Angela	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per policy No. 100-03 (h)
Carter, Sheldon	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> 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)

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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	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 <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Per policy No. 100-03 (h)
Derryberry, Steven	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Per policy No. 100-03 (h)
Hall, Thomas (Randy)	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Per policy No. 100-03 (h)
Hearns, Angela	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> 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

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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	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	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Per policy No. 100-03 (h)
McDonald, Shannon	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Per policy No. 100-03 (h)
Mercy, Andrew	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Per policy No. 100-03 (h)
Sereres, Fran	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> 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

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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:
Vose, James	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per policy No. 100-03 (h)
Dell, Sue	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per policy No. 100-03 (h)
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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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1. Agency Name City of Lancaster		Date Stamp MAY 8 11 18 - CLERKam11:34	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title) Britt Avrit, City Clerk		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 661-723-6020	E-mail bavrit@cityoflancafterca.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 24

Event Description: LPAC Event Date(s) 4 / 6 / 18
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? Yes No If yes: _____
Official's Name (Last, First)

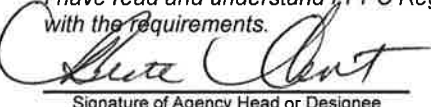
3. Recipients

• 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	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:
Bozgian, Mark	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per policy No. 100-03 (h)
Underwood-Jacobs	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> 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

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.


 Signature of Agency Head or Designee

Britt Avrit
 Print Name

City Clerk
 Title

5/8/18
 (month, day, year)

Comment: _____

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Designated Agency Contact (Name, Title) Britt Avrit, City Clerk			
Area Code/Phone Number 661-723-6020	E-mail bavrit@cityoflancafterca.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 54

Event Description: LPAC Event Date(s) 4 / 28 / 18
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? 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	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:
Malhi, Raj	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per policy No. 100-03 (h)
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

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.

 Signature of Agency Head or Designee	Britt Avrit Print Name	City Clerk Title	5/8/18 <small>(month, day, year)</small>
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Comment: _____

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Division, Department, or Region (if applicable) Lancaster Choice Energy			
Designated Agency Contact (Name, Title) Britt Avrit, City Clerk		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 661-723-6020	E-mail bavrit@cityoflancasterca.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 17

Event Description: Jethawks baseball games Date(s) 4 / 17 / 18 4 / 28 / 18
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? Yes No If yes: _____
Official's Name (Last, First)

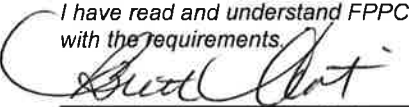
3. Recipients

• 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	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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Isaac Chabolla 42910 50th St. W., Lancaster, CA 93536	4	Per policy No. 100-03 (e)
Christina Tofte 4034 Vancouver Ln., Quartz Hill, CA 93536	4	Per policy No. 100-03 (e)

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
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: _____

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Agency 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 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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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)

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Area Code/Phone Number 661-723-6020	E-mail bavrit@cityoflancastrerca.org		

2. 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) 4 / 5 / 18 4 / 29 / 18
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? Yes No If yes: _____
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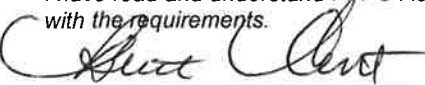
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A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
City Managers Office Dept.	18	Per policy No. 100-03 (a)
Development Services Dept	83	Per policy No. 100-03 (a)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
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City of Lancaster

3. Recipients

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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	23	Per policy No. 100-03 (a)
Finance	24	Per policy No. 100-03 (a)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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Area Code/Phone Number 661-723-6020	E-mail bavrit@cityoflancaesterca.org		

2. 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) 4 / 5 / 18 4 / 29 / 18
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? Yes No If yes: _____
Official's Name (Last, First)

3. Recipients

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A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
City Managers Office Dept.	45/8	Per policy No. 100-03 (a)
Development Services Dept.	31	Per policy No. 100-03 (a)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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 Signature of Agency Head or Designee	Britt Avrit Print Name	City Clerk Title	5/8/18 <small>(month, day, year)</small>
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Comment: _____

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Ceremonial Role Events and Ticket/Pass Distributions
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Agency 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 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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