

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

A Public Document

| | | | |
|---|-------------------------------|--|----------------------------|
| 1. Agency Name | | Date Stamp | California Form 802 |
| City of Lancaster | | SEP 26 18 - 04:12:38 CLERK PM 12:38 | For Official Use Only |
| Division, Department, or Region (if applicable) | | | |
| Lancaster Choice Energy | | | |
| Designated Agency Contact (Name, Title) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small> | |
| Britt Avrit, City Clerk | | | |
| Area Code/Phone Number | E-mail | | |
| 661-723-6020 | 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) 8 / 3 / 18 8 / 30 / 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 |
|---|-----------------------------|--|
| Parks, Recreation & Arts Dept. | 45/10 | Per policy No. 100-03 (a) |
| Development Services Dept | 29/9 | 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> |
| 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 |
| Rosendin Electric 1730 S. Anaheim Wy, Anaheim, CA 92805 | 18/4 | Per policy No. 100-03 (h) |
| Rottman Drilling P O Box 2110, Lancaster, CA 93539 | 18 | Per policy No. 100-03 (h) |

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 | 9/26/18 (month, day, year) |
|--|---------------------------|---------------------|-------------------------------|

Comment: _____

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
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. | 4/2 | Per policy No. 100-03 (a) |
| Finance Dept. | 4/4 | Per policy No. 100-03 (a) |
| Administration/City Manager's Office | 25/6 | Per policy No. 100-03 (a) |
| LCE | 22/5 | 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 |
| Bryan C. Benefiel, MD 44725 10th St W., Ste 290, Lancaster, 93534 | 18 | Per policy No. 100-03 (h) |
| Christian Life Assembly 920 W Valley Blvd., Tehachapi, CA 93561 | 18/5 | Per policy No. 100-03 (h) |
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| | | |

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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 |
|---|-----------------------------|--|
| Administrative & Community Services | 8/2 | 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> |
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| 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 SEP 26 18 - 04 ERK PM 12:09 | California Form 802 <small>For Official Use Only</small> |
| Division, Department, or Region <i>(if applicable)</i> | | <input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <small>(month, day, year)</small> | |
| Designated Agency Contact <i>(Name, Title)</i> Britt Avrit, City Clerk | | | |
| Area Code/Phone Number 661-723-6020 | E-mail bavrit@cityoflanasterca.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) 8 / 3 / 18 8 / 30 / 18
Provide Title/ Explanation

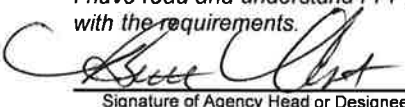
Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

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 |
|--|-----------------------------|--|
| Administration/City Managers Office | 52/10 | Per policy No. 100-03 (a) |
| Development Services | 35/8 | Per policy No. 100-03 (a) |
| B. Name of Individual <small>(Last, First)</small> | 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 <small>(include address and description)</small> | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Stingray Booster Club 3608 Banyon 2, Rosamond, CA 93560 | 25/4 | Per policy No. 100-03 (n) |
| AVAQMD 43301 Division St #206, Lancaster, ca 93535 | 25/5 | Per policy No. 100-03 (h) |

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 | 9/26/18 <small>(month, day, year)</small> |
|--|---------------------------|---------------------|--|

Comment: _____

**Agency Report of:
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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 |
|--|-----------------------------|--|
| LCE | 4 | Per policy No. 100-03 (a) |
| Parks, Recreation & Arts Dept. | 19/4 | Per policy No. 100-03 (a) |
| Administrative & Community Services | 4 | 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> |
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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> |
| 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 |
| Optimist Club of Santa Clarita 23890 Copper Hill #249 Santa Clarita 91354 | 25 | Per policy No. 100-03 (n) |
| Royal Family Kids 3739 Agave Cir, Lancaster, CA 93536 | 25 | Per policy No. 100-03 (g) |
| Calvary Chapel Men's Group 1661 W Lancaster Blvd, Lancaster CA 93534 | 25/5 | Per policy No. 100-03 (g) |
| Edwards AFB Experimental Aircraft Assoc 3325 Lennox Ct, EAFB CA | 25/4 | Per policy No. 100-03 (f) |

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|--|---|--|---|
| 1. Agency Name City of Lancaster | | Date Stamp SEP25'18-01ERKPM12:39 | California Form 802 For Official Use Only |
| 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@cityoflancaesterca.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) 8 / 3 / 18 8 / 30 / 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)

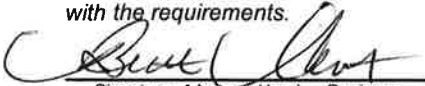
3. Recipients

* 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 |
| Debbie Salazar 2629 W Norberry St, Lancaster, CA 93536 | 4 | Per policy No. 100-03 (e) |
| Rachelle Williamson 45117 Sancroft Lancaster, CA 93535 | 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
9/26/18
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: _____

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Continuation Sheet**

Agency Name

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 |
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| 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> |
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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> |
| 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 |
| Gracie Rogers 43700 Byron Dr., Lancaster, CA 93535 | 4 | Per policy No. 100-03 (e) |
| Michelle Moon 40188 171st St. E, Palmdale, CA 93551 | 4 | Per policy No. 100-03 (e) |
| Todd Fogde 44618 Calston Ave., Lancaster, CA 93535 | 4 | Per policy No. 100-03 (e) |
| Spencer Klein 43452 Tranquility Ct., Lancaster, CA 93535 | 4 | Per policy No. 100-03 (e) |

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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 |
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| | | |
| 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 |
| Desiree Garza 16455 Coolwater Ave., Palmdale, CA 93591 | 4 | Per policy No. 100-03 (e) |
| Melissa Villanueva 40701 Rancho Vista #348, Palmdale, 93551 | 4 | Per policy No. 100-03 (e) |
| Jen Kubat 3918 Pacific Ave., Rosamond CA 93560 | 4 | Per policy No. 100-03 (e) |
| Ashley CB Nicole 44928 Ave #409., Lancaster, CA 93534 | 4 | Per policy No. 100-03 (e) |

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Agency Name

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 |
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| 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 |
| Emmanuel Contreras 43028 W 30th St W, Lancaster, CA 93536 | 4 | Per policy No. 100-03 (e) |
| Christina AF 45111 25th E #15, Lancaster, CA 93535 | 4 | Per policy No. 100-03 (e) |
| Angela Martinez 1222 W Ave H-1, Lancaster, CA 93534 | 4 | Per policy No. 100-03 (e) |
| Daniel Olague 358 Landsford St, Lancaster, CA 93534 | 4 | Per policy No. 100-03 (e) |

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|--|--|--|---|
| 1. Agency Name City of Lancaster | | Date Stamp SEP 28 18 - CLERK PM 12:39 | 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 \$ 10-55

Event Description: AV Fair Admission & Events/Parking Date(s) 8 / 17 / 18 8 / 26 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Antelope Valley Fair Authority, JPA
Name of Source

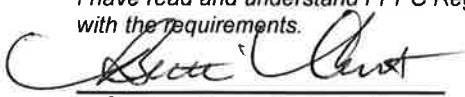
Was ticket distribution made at the behest of agency official? Yes No If yes: Bozigian, Mark
Official's Name (Last, First)

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 |
|---|-----------------------------|---|
| Housing | 46/2 | Per Policy No. 100-03 (a) |
| Finance | 64/12 | Per Policy No. 100-03 (a) |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Underwood-Jacobs, Angela | 24/4 | Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Per Policy No. 100-03 (h) |
| Rodriguez, Liza | 4/2 | Ceremonial Role <input type="checkbox"/> Other <input 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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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
9/25/18
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 |
|---|-----------------------------|---|
| Development Services | 268/19 | Per Policy No. 100-03 (a) |
| Administration-City Manager's Office | 55/4 | Per Policy No. 100-03 (a) |
| PRA | 89/14 | Per Policy No. 100-03 (a) |
| Public Safety | 14 | Per Policy No. 100-03 (a) |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Acosta, Hector | 2/1 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per Policy No. 100-03 (h) |
| Donovan, Silvia | 2/1 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per Policy No. 100-03 (h) |
| Hearns, Angela | 2/1 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per Policy No. 100-03 (h) |
| Hearns, Henry | 2/1 | Ceremonial Role <input type="checkbox"/> Other <input 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 |
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| | | <input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> 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 \$ 10-55

Event Description: AV Fair Admission & Events/Parking Date(s) 8 / 17 / 18 8 / 26 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Antelope Valley Fair Authority, JPA
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Bozigian, Mark
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 |
|--|-----------------------------|--|
| Administrative & Community Services | 18 | Per Policy No. 100-03 (a) |
| LCE | 8/1 | Per Policy No. 100-03 (a) |
| B. Name of Individual <small>(Last, First)</small> | Number of Ticket(s)/ Passes | Identify one of the following: |
| McDonald, Shannon | 2/1 | Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per Policy No. 100-03 (h) |
| Moore, King | 2/1 | Ceremonial Role <input checked="" type="checkbox"/> Other <input 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 <small>(include address and description)</small> | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
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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 | 9/25/18 (month, day, year) |
|--|---------------------------|---------------------|-------------------------------|

Comment: _____

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
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 |
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| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Muhammad, Arisah | 2/1 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per Policy No. 100-03 (h) |
| Sereseres, Fran | 2/1 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per Policy No. 100-03 (h) |
| Vierra, David | 2/1 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per Policy No. 100-03 (h) |
| Vose, James | 2/1 | Ceremonial Role <input type="checkbox"/> Other <input 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 |
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