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) ERKPH12:38 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: Jethawks baseball games Date(s) __8__/_ 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 (Last, First) of agency official?

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 Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
		Ceremonial Role Other Income 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		
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)		

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: _

gnature of Agency Head or Designee

9/26/18

(month, day, year)

City Clerk



Continuation Sheet	ntinuation Sheet A Public Document						
Agency Name							
ty of Lancaster							
Recipients • Use Section A to identify the agency's department or unit.	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 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					
Bryan C. Benefiel, MD 44725 10th St W., Ste 290, Lancaster, 9353	4 18	Per policy No. 100-03 (h)					
Christian Life Assemby 920 W Valley Blvd., Tehachapi, CA 93561	18/5	Per policy No. 100-03 (h)					



gency Name of Lancaster		
Recipients	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
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 Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		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:
		Ceremonial Role Other Income 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
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	gency Report of: eremonial Role Even	te and Ticket/I	Pass Distr	ibutione	A Dul	olic Document	
_	Agency Name	ts and never	ibutions		alifornia OA3		
• •	City of Lancaster			Form 802			
	Division, Department, or Reg	ion (if applicable)			i F	For Official Use Only	
					SEF264.8-N.E.	KPM12:09	
	Designated Agency Contact	(Name,Title)			1		
	Britt Avrit, City Clerk				Amendment (Must Provide	Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	661-723-6020	bavrit@cityoflanca	asterca.org		Date of Original Filing:	onth, day, year)	
2.	Function or Event Infor	mation			0.4.000	l: 05	
	Does the agency have a tick	ket policy? Yes	No ☐ F	ace Value of	Each Ticket/Pass \$ 24-\$28	;parking \$5	
	Event Description: <u>Jethawk</u>	s baseball games Provide Title/ Expl		Date(s)8	e(s) 8 , 3 , 18 8 , 30 ,		
	Ticket(s)/Pass(es) provided	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: of agency official?			f yes:	Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the ager	ncy's department or unit.	• Use Section B to	identify an individ	dual. • Use Section C to identify an	outside organization.	
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursuant	to the agency's policy	
	Administration/City Managers Office		52/10	Per policy N	lo. 100-03 (a)		
	Development Services	Services		Per policy N	o. 100-03 (a)		
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the following	ng:	
					nonial Role Other Other king "Ceremonial Role" or "Other" describe but	Income Income	
	*			Ceren	nonial 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		
Stingray Booster Club 3608 Banyon 2, Rosamond, CA 93560		25/4	Per policy No. 100-03 (n)		
AVAC 4330	QMD 1 Division St #206, Lancaster, ca 93535	25/5	Per policy No. 100-03 (h)		

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Comment: __

I have read and understand FPPC Regula with the requirements.	tions 18944,1 and 18942. I have	verified that the distribution set forti	h above, is in accordance
Dece Chot	Britt Avrit	City Clerk	9/26/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

If checking "Ceremonial Role" or "Other" describe below:



Agency Name				
City of Lancaster				
3. Recipients				

	Number	
A. Name of Agency, Department or Unit	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 Other Income If checking "Ceremonial Role" or "Other" describe below:
		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:
		Ceremonial Role Other Income 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
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)

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions		A Public Document
1. Agency Name	Date Stamp	California 802

1.	Agency Name				Date Stamp	California 802
	City of Lancaster					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Lancaster Choice Energy				3 ⁵⁰⁰ , 5 ⁵⁰⁰ , 5 ⁵⁰⁰ , 5 ⁵⁰⁰ , 5 ⁵⁰⁰ , 1 + 5 ⁵⁰⁰ ,	
	Designated Agency Contact (Name, Title)				55F25/16=0	LERKPM12:39
	Britt Avrit, City Clerk				Amendment (Must Pro	vide Explanation in Part 3)
	Area Code/Phone Number	E-mail			, monamone (massi in	Trade Explanation in visit 6.9
	661-723-6020	bavrit@cityofla	ncasterca.org		Date of Original Filing: _	(month, day, year)
2 .	Function or Event Infor	mation				
	Does the agency have a tick	cet policy? γ	′es⊠ No	ace Value of	Each Ticket/Pass \$ 17	
	Event Description: Jethawks				, 3 , 18	8 , 30 , 18
	Event Description:	Provide Title/	Explanation	Date(s)	-	0 1 00 1 10
	Ticket(s)/Pass(es) provided	by agency?	′es⊠ No 🗆 🖽	f no:	Name of Source	
					Name of Source	
	Was ticket distribution made	at the behest Y	′es 🔲 No 🗵 🏻 🖰	f yes:	Official's Name (Last, First)	
	of agency official?				, , ,	
_ 3.	Recipients					
J.	• Use Section A to identify the agen	cv's department or un	it. • Use Section B to	identify an individ	ual. • Use Section C to identif	v an outside organization.
	A. Name of Agency, Depa	- X1 - L.	Number of Ticket(s)/	Manager 1	e public purpose made purs	The state of the s
			Passes			
			1			
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
					nonial Role Other Other king "Ceremonial Role" or "Other" desc	Income Income
					nonial Role Other	Income
			ı	If check	king "Ceremonial Role" or "Other" desc	ribe below:
			Number			
		C. Name of Outside Organization (include address and description)		Describe the public purpose made pursuant to the agency's		
	Debbie Salazar	CA 02526	4	Per policy N	o. 100-03 (e)	
	2629 W Norberry St, Lanc	aster, CA 93536				
	Rachelle Williamson 45117 Sancroft Lancaster,	CA 93535	4	Per policy N	o. 100-03 (e)	
4	Verification				-	
••	I have read and understand FP	PC Regulations 19	3944.1 and 18942	I have verified:	that the distribution set for	th above, is in accordance
	with the requirements.	. O riogalations re	10042.	, voimou	a. ino albimbation bot for	ar aboro, io in docordance
67	Strul M. s		Britt Avrit		City Clerk	9/26/18
_	Signature of Agency Head or Design	ee —	Print Name		Title	(month, day, year)
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	Comment:					



Agency Name ty of Lancaster							
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)/	Identify one of the following:					
(Last, First)	Passes	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 Income If checking "Ceremonial Role" or "Other" describe below:					
	1	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					
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)					

3.



gency Name y of Lancaster				
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 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		
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)		



Agency Name ty of Lancaster						
Recipients						
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	Number of Ticket(s)/	Identify one of the following:				
(Last, First)	Passes	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				
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)				

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) LERKP-12/39 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 \$ 10-55 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: AV Fair Admission & Events/Parking Date(s) __8_ /_ 17 / 18 Provide Title/ Explanation If no: Antelope Valley Fair Authority, JPA Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source If yes: Bozigian, Mark Was ticket distribution made at the behest Yes ☒ No ☐ 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 Housing Per Policy No. 100-03 (a) 46/2 Finance Per Policy No. 100-03 (a) 64/12 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income Underwood-Jacobs, Angela If checking "Ceremonial Role" or "Other" describe below: 24/4 Per Policy No. 100-03 (h) Ceremonial Role Other 🔲 Income Rodriguez, Liza If checking "Ceremonial Role" or "Other" describe below: 4/2 Per Policy No. 100-03 (h) Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes**

4.	Verification			
_	I have read and understand FPPC Regulation the requirements.	ulations 18944,1 and 18942. I ha	ve verified that the distribution set forth	above, is in accordanc
	Dece Cent	Britt Avrit	City Clerk	9/25/18
	Signature of Agency Head or Designee	Print Name	Title	(month day year)

Comment:



Agency Name		

City of Lancaster

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• Use Section A to identify	v the agency's department or unit	Use Section B to identify an individual	· Use Section C to identify an outside organization	ΛĦ
Cac deciton it to identify	, the agency a department of unit.	ose section is to identify all illustradas.	Osc Section C to Identify an outside of gamzan	OII.

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 Other Income Fit checking "Ceremonial Role" or "Other" describe below: Per Policy No. 100-03 (h)
Donovan, Silvia	2/1	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Per Policy No. 100-03 (h)
Hearns, Angela	2/1	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Per Policy No. 100-03 (h)
Hearns, Henry	2/1	Ceremonial Role Other 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

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California City of Lancaster For Official Use Only Division, Department, or Region (if applicable) SEP26/19-DERKP#12:39 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@citvoflancasterca.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 10-55 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: AV Fair Admission & Events/Parking Date(s) ___8__/ 17 26 , Provide Title/ Explanation If no: Antelope Valley Fair Authority, JPA Ticket(s)/Pass(es) provided by agency? Yes □ No ☑ Name of Source If yes: Bozigian, Mark Was ticket distribution made at the behest Yes ☒ No ☐ 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 A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Administrative & Community Services Per Policy No. 100-03 (a) 18 LCE Per Policy No. 100-03 (a) 8/1 Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income ___ McDonald, Shannon If checking "Ceremonial Role" or "Other" describe below: 2/1 Per Policy No. 100-03 (h) Ceremonial Role Other \square Income Moore, King If checking "Ceremonial Role" or "Other" describe below: 2/1 Per Policy No. 100-03 (h) Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4.	Verification			
-سر	I have read and understand FPPC Regulat with the requirements.	ions 18944.1 and 18942. I have t	verified that the distribution set fort	h above, is in accordance
	Secu Cles	Britt Avrit	City Clerk	9/25/18
_	Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	Comment:			



gency Name r of Lancaster					
Recipients					
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	ldentify one of the following:			
Muhammad, Arisah	2/1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Per Policy No. 100-03 (h)			
Sereseres, Fran	2/1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Per Policy No. 100-03 (h)			
Vierra, David	2/1	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Per Policy No. 100-03 (h)			
Vose, James	2/1	Ceremonial Role Other 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			