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

A Public Document

1.	Agency Name				Date Stamp	California OOO	
	City of Lancaster					Form OUZ	
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only			
	Lancaster Choice Energy		TI WE CALC	-OLERKAM 6:58			
	Designated Agency Contact (Name, Title)	E.T.G.AMD.VI	ITMLEXY PM 4:05			
	Britt Avrit, City Clerk		Amondment (Must	t Provide Evelenation in Part 2.)			
Area Code/Phone Number E-mail					Amendment (Must Provide Explanation in Part 3.)		
	661-723-6020	bavrit@cityofl	ancasterca.org		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 \$ 24-\$28;parking \$5						
	Event Description: Jethawks	<u>, 04 , 19</u>					
	Event Bescription,	Provide Title	/ Explanation				
	Ticket(s)/Pass(es) provided	by agency?	Yes ⊠ No 🗆	If no:	Name of Source		
	Mas distract district of the contract	-445- 5-54					
	Was ticket distribution made	at the benest	Yes □ No 🗵	If yes:	Official's Name (Last, Firs	t)	
	of agency official?						
- 3.	Recipients						
	• Use Section A to identify the agen	cy's department or i	ınit. • Use Section B	to identify an individ	lual. • Use Section C to ide	entify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Describe th	Describe the public purpose made pursuant to the agency's policy		
	City Managers Office Dept.		8/1	Per policy N	Per policy No. 100-03 (a)		
	Development Services Dept.		59/7	Per policy N	er policy No. 100-03 (a)		
	B. Name of Individual (Last, First)		Number of Ticket(s Passes)/	Identify one of the following:		
	-				nonial Role Other king "Ceremonial Role" or "Other"		
	-				nonial Role Other king "Ceremonial Role" or "Other"		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s Passes)/ Describe th	ne public purpose made p	ursuant to the agency's policy	
١.	Verification			•			
	I have read and understand FP with the requirements.	PC Regulations	18944.1 and 1894	12. I have verified	that the distribution set	forth above, is in accordance	
_	Bus Chy	Britt Avrit		City Clerk	06/19/19		
	Signature of Agency Head or Design	Print Name		Title	(month, day, year)		
	Comment:						

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



Section B to Number of Ticket(s)/ Passes 61/6 4 8/2 12 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 Per policy No. 100-03 (a) Identify one of the following:
Number of Ticket(s)/ Passes 61/6 4 8/2 12 Number of Ticket(s)/	Per policy No. 100-03 (a)
Number of Ticket(s)/ Passes 61/6 4 8/2 12 Number of Ticket(s)/	Per policy No. 100-03 (a)
of Ticket(s)/Passes 61/6 4 8/2 12 Number of Ticket(s)/	Per policy No. 100-03 (a)
4 8/2 12 Number of Ticket(s)/	Per policy No. 100-03 (a) Per policy No. 100-03 (a) Per policy No. 100-03 (a)
8/2 12 Number of Ticket(s)/	Per policy No. 100-03 (a) Per policy No. 100-03 (a)
12 Number	Per policy No. 100-03 (a)
Number of Ticket(s)/	
of Ticket(s)/	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 Income If checking "Ceremonial Role" or "Other" describe below:
Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	of Ticket(s)/

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



Agency Name		A Public Document				
ity of Lancaster						
Recipients						
A. Name of Agency, Department or Unit	t Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy				
Admin & Comm Svcs Dept.	9/1	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 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 Form City of Lancaster For Official Use Only Division, Department, or Region (if applicable) 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-\$28;parking \$5 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Jethawks baseball games Date(s) __05 31 19 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? 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 Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes City Managers Office Dept. Per policy No. 100-03 (a) 46/8 Development Services Dept. Per policy No. 100-03 (a) 45/2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (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: 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**

Verification have read and understand FPPC Regu	lations 18944.1 and 18942. I have v	verified that the distribution set fort	th above, is in accorda
vith the requirements.	Britt Avrit	City Clerk	06/19/19
Signature of Agency Head or Designee		Title	

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



Agend	y Name								
ty of L	ancaster								
	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.								
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy						
Fin	ance Dept.	23/4	Per policy No. 100-03 (a)						
Pa	rks, Recreation & Arts Dept.	128/12	Per policy No. 100-03 (a)						
Pu	blic Safety Dept.	17/2	Per policy No. 100-03 (a) Per policy No. 100-03 (a) Identify one of the following:						
Co	ode Enforcement	18/4							
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes							
	14		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 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 California Date Stamp Form City of Lancaster For Official Use Only Division, Department, or Region (if applicable) JUN19119-(ERKPM 455 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 \$ 70 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: LPAC Event Date(s) __05__/_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ 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 A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income Caudle, Jason If checking "Ceremonial Role" or "Other" describe below: 2 Per policy No. 100-03 (h) Ceremonial Role Other Π Income If checking "Ceremonial Role" or "Other" describe below: 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

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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.		ŕ	
11. 1 11			

Britt Avrit City Clerk 06/19/19
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

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1.	Agency Name					Date Stamp	California 802	
	City of Lancaster				Form OUZ			
	Division, Department, or Region (if applicable)					JUN21/19-0	ERRAM 3-02	
	Designated Agency Contact (Name, Title)							
	Britt Avrit, City Clerk					Amendment /Must F	Provide Evolunation in Part 3)	
	Area Code/Phone Number	E-mail				Amendment (Must Provide Explanation in Part 3.)		
	661-723-6020	bavrit@cityofla	ancast	erca.org		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 \$ 4	<u> </u>	
	Event Description: LPAC Event Date(s) 05					<u>, 11 , 19</u>		
	Provide Title/ Explanation							
	Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no:					Name of Source		
	Was ticket distribution made	e at the behest	Yes 🗌	l No⊠ l¹	f yes:	Official's Name (Last, First)		
	of agency official?					Official's Name (Last, First)		
3.	Paciniante							
J.	• • • • • • • • • • • • • • • • • • • •	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)/		Describe the public purpose made pursuant to the agency's policy		
				Passes				
			\dashv					
	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of the f	following:	
	Underwood-Jacobs, Angel	a		4	If check	nonial Role Other Daying "Ceremonial Role" or "Other" de O. 100-03 (h)	_	
						nonial Role Other Ching "Ceremonial Role" or "Other" de		
	C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursuant to the agency's policy		
							 ,	
4	Verification						- 4	
₹.	I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordant						orth above, is in accordance	
	with the requirements.							
>	RESILEUNS LEWISON HIX Bri			t Avrit	City Clerk 06/19/19			
/	Signature of Agency Head or Design	iee	Prin	t Name		Title	(month, day, year)	
16	Comment:							
1	/ Commont.							