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

1. Agency Name
City of Lancaster
Division, Department, or Region (if applicable)
Lancaster Choice Energy
Designated Agency Contact (Name, Title)
Britt Avrit, City Clerk
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 $ 24
Event Description: LPAC Events
Date(s) 1/20/17
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: ___________________________ Name of Source
If yes: ___________________________ Official’s Name (Last, First)
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last, First)</td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donna Witt 2952 Golden Spur Rd., Acton 93510</td>
<td>2</td>
<td>Per Policy 100-03 (e)</td>
</tr>
<tr>
<td>Pamela Olson PO Box 1526, Rosamond, 93560</td>
<td>2</td>
<td>Per Policy 100-03 (e)</td>
</tr>
</tbody>
</table>

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
2/2/17 (month, day, year)

Comment: ________________________________________________________

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

1. Agency Name
City of Lancaster
Division, Department, or Region (If Applicable)

Designated Agency Contact (Name, Title)
Britt Avrit, City Clerk

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

Date Stamp  California Form 802
For Official Use Only

FEB02/17AM10 02:21-0CLERK

Amendment (Must provide explanation in Part 3.)

Date of Original Filing: ______/_____/______

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ ______

Event Description  LPAC Event

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
Date(s)  1/21/17

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐
Name of Source

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>1</td>
<td>Per Policy 100-03 (d)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☒ Income ☐ Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mann, Ken</td>
<td>2</td>
<td>Per Policy 100-03 (h)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
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<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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</table>

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  City Clerk
Print Name  Title  2/2/17
(Month, Day, Year)

Comment: __________________________________________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)