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 $ 29

Event Description: LPAC Events

Date(s) 2 / 18 / 17

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.

<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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></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>Michael Campos 1304 W. Ave. H-7, Lancaster 93534</td>
<td>2 Per Policy 100-03 (e)</td>
<td></td>
</tr>
<tr>
<td>Pamela Olson PO Box 1526, Rosamond, 93560</td>
<td>2 Per Policy 100-03 (e)</td>
<td></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

3/7/17 (month, day, year)

Comment: ________________________________
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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 50
   Event Description  LPAC Event
   Date(s)  2/12/17
   Ticket(s)/Pass(es) provided by agency?  Yes ☑ No ☐
   If no:  Name of Source
   Was ticket distribution made at the behest of agency official?  No ☑ Yes ☐
   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)/Pass(es)  Describe the public purpose made pursuant to the agency’s policy

   B. Name of Individual (Last, First)  Number of Ticket(s)/Pass(es)
   Parris, R.  6
   Identify one of the following:
   Per Policy 100-03 (h)
   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)/Pass(es)  Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee  Print Name  Title  (Month, Day, Year)
   Britt Avrit  City Clerk  3/7/17