

**Tickets Provided by
Agency Report**

A Public Document

TICKETS PROVIDED BY
AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of Lancaster		JUN04'12-G ERKAM11:20	
Division, Department, or Region (if applicable)			
Street Address 44933 Fern Avenue			
Area Code/Phone Number 661-723-6020	E-mail gbryan@cityoflancafterca.org		<input type="checkbox"/> Amendment (Must explain in Part 5.)
Agency Contact (name and title) Geri K. Bryan, City Clerk		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 04 / 29 / 12 Description of Event: Baseball Game
 _____/_____/_____ Face Value of Ticket: \$ 8ticket/5-parking

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Lancaster JetHawks/Clear Channel Stadium

Number of Tickets Received: see below Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Henry, Danyell	4/1	Public Relations
Argarpao, Lisa	6/1	Public Relations

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: _____

Name of Individual or Organization: _____ Number of Tickets: _____

Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification

 tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Geri K. Bryan City Clerk 05/03/12
Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)