Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name

City of Lancaster

Division, Department, or Region *(if applicable)*

Street Address

44933 Fern Avenue

Area Code/Phone Number: 661-723-6020

E-mail: gbryan@cityoflancasterca.org

Agency Contact *(name and title)*

Geri K. Bryan, City Clerk

Date Stamp: JUN04'12-CLERKAM11:20

California Form 802

For Official Use Only

☐ **Amendment** *(Must explain in Part 5.)*

Date of Original Filing: _____ *(month, day, year)*

2. Event For Which Tickets Were Distributed

Date(s) of Event: 04 / 15 / 12 Description of Event: Baseball Game

04 / 16 / 12 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
Veasley, Shannon	4/1	Public Relations
Barnicki, Randy	4/1	Public Relations
Lien, Clark	4/1	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

[redacted] *of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.*

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

[redacted]ment for any additional information including amendment explanation.)

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