

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp  JUL 18 19 - CLERK PM 5:55	California Form <b>802</b> For Official Use Only
City of Lancaster			
Division, Department, or Region (if applicable)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Designated Agency Contact (Name, Title)			
Kathleen Stenback, Assistant City Clerk			
Area Code/Phone Number	E-mail		
661-723-6020	kstenback@cityoflanasterca.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 125

Event Description: LPAC Event Date(s) 06 / 08 / 19  
Provide Title/ Explanation

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)

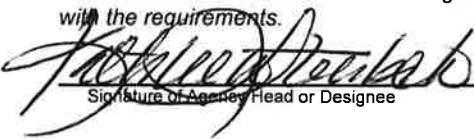
**3. Recipients**

• 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Malhi, Raj	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per policy No. 100-03 (h)
Mann, Ken	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per policy No. 100-03 (h)
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

**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.


 \_\_\_\_\_ Kathleen Stenback \_\_\_\_\_ Assistant City Clerk \_\_\_\_\_ 7/18/19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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

Agency Name

City of Lancaster

**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)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Parris, R. Rex	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per policy No. 100-03 (h)
Underwood-Jacobs, Angela	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per policy No. 100-03 (h)
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

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<b>1. Agency Name</b> City of Lancaster		Date Stamp  JUL 18 19 - 06 / 01 / 19 CLERK PM 5:55	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title) Kathleen Stenback, Assistant City Clerk		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 661-723-6020	E-mail kstenback@cityoflancaesterca.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 10-\$28;parking \$5

Event Description: Jethawks baseball games Date(s) 06 / 01 / 19 06 / 23 / 19  
Provide Title/ Explanation

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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
City Managers Office Dept.	18/6	Per policy No. 100-03 (a)
Development Services Dept.	63/5	Per policy No. 100-03 (a)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Quartz Hill Women's Club PO BOX 3017, Quartz Hill, CA 93536	25	Per policy No. 100-03 (o)
Lancaster Sheriff's Station-Capt. Todd Weber, 501 W Lancaster Blvd, Lancaster, CA 93534	25	Per policy No. 100-03 (h)

**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.*


 \_\_\_\_\_ Kathleen Stenback \_\_\_\_\_ Assistant City Clerk \_\_\_\_\_ 7/18/19 \_\_\_\_\_  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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Continuation Sheet**

Agency Name

City of Lancaster

**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)/ Passes	Describe the public purpose made pursuant to the agency's policy
Finance Dept.	12/3	Per policy No. 100-03 (a)
Housing	10/3	Per policy No. 100-03 (a)
Admin & Comm Svcs Dept: IT	9/1	Per policy No. 100-03 (a)
Parks, Recreation & Arts Dept.	59/10	Per policy No. 100-03 (a)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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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
STEM Boy Scouts - Rutger Parris 43364 10th St W, Lancaster, CA 93534	25	Per policy No. 100-03 (g)

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<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only JUL 18 19-06 5:55
City of Lancaster			
Division, Department, or Region (if applicable)			
Lancaster Choice Energy			
Designated Agency Contact (Name, Title)			
Kathleen Stenback, Assistant City Clerk			
Area Code/Phone Number	E-mail	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
661-723-6020	kstenback@cityoflanasterca.org		

**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 baseball games Date(s) 06 / 01 / 19 06 / 23 / 19  
Provide Title/ Explanation

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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
City Managers Office Dept.	2	Per policy No. 100-03 (a)
Development Services Dept.	35/8	Per policy No. 100-03 (a)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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Signature of Agency Head or Designee Print Name Title (month, day, year)

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Parks, Recreation & Arts Dept.	87/10	Per policy No. 100-03 (a)
Public Safety	6/1	Per policy No. 100-03 (a)
Code Enforcement	2	Per policy No. 100-03 (a)
Admin & Comm Svcs Dept: IT	4	Per policy No. 100-03 (a)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
Flight Crew Booster Club - Curt Redecker 44310 Lively Ave, Lancaster, CA 93536	18	Per policy No. 100-03 (g)
Boy Scouts Camp Out - Michelle Kirschbaum 42534 Blossom Drive, Lancaster, CA 93536	18	Per policy No. 100-03 (g)