

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

**A Public Document**

**1. Agency Name**

City of Arcadia

Division, Department, or Region (If Applicable)

Designated Agency Contact (Name, Title)

Dominic Lazzaretto, City Manager

Area Code/Phone Number

626-574-5401

E-mail

domlazz@arcadiaca.gov

Date Stamp

FEB 12 2018

California Form

**802**

For Official Use Only

CITY OF ARCADIA

CITY OF ARCADIA

Amendment (Must provide explanation in Part 3.)

Date of Original Filing:

(Month, Day, Year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Face Value of Each Ticket/Pass \$ 10

Event Description Santa Anita Park - Horse Racing

Date(s) 12/26/17 6/24/18

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No

If no: Los Angeles Turf Club

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)	Identify one of the following:		
Please see attached list	42	Ceremonial Role <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
		If checking "Ceremonial Role" or "Other" describe below:		
		Representation of City, Employee Morale		
	42	Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		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 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.



Dominic Lazzaretto

Print Name

City Manager

Title

2/8/2018

(Month, Day, Year)

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

Roger Chandler	1/3/2018	10	4
Vale Seiss	1/8/2018	4	1
Vanina Rynkiewicz	1/9/2018	4	1
Brian Oberon	1/10/2018	4	1
Steve Castillo	1/10/2018	4	1
Sal Perez	1/12/2018	4	1
Jeff Patterson	1/26/2018	4	1
Fabiola Chaidez	1/30/2018	4	1
Christine Martinez	1/31/2018	4	1
	42		12