

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

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1. Agency Name City of Arcadia Division, Department, or Region (If Applicable) Designated Agency Contact (Name, Title) Dominic Lazzaretto Area Code/Phone Number E-mail 626-574-5401 domlazz@arcadiaca.gov		<div style="border: 1px solid black; padding: 5px;"> Date Stamp <div style="color: red; font-size: 1.2em; font-weight: bold;">MAR 12 2018</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> CITY OF ARCADIA CITY ATTORNEY </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> California Form 802 For Official Use Only </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small> </div>
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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ _____ 167.00

Event Description Disneyland Resort Park Hopper Tickets Date(s) _____ / _____ / _____
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? 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
Arcadia Fire Department - 2 tickets per employee	120	Attracting and retaining highly qualified employees in City service. Recognizing or rewarding meritorious service by a City employee.
		Promoting enhanced City employee performance or morale.
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	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 <small>(include address and description)</small>	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.

 <small>Signature of Agency Head or Designee</small>	Dominic Lazzaretto <small>Print Name</small>	City Manager <small>Title</small>	March 9, 2018 <small>(Month, Day, Year)</small>
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Comment: _____