

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

**A Public Document**

<b>1. Agency Name</b>		<b>RECEIVED</b> Date Stamp	California Form <b>802</b>
City of Arcadia		For Official Use Only	
Division, Department, or Region (If Applicable)		APR 12 2018	
Designated Agency Contact (Name, Title)		CITY OF ALCADIA CITY CLERK	
Dominic Lazzaretto, City Manager		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 626-574-5401	E-mail domlazz@ArcadiaCA.gov	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.

<b>A.</b> Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy	
<b>B.</b> Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:	
See attached list		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> <u>Representation of City, Employee Morale</u>	
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> 	
<b>C.</b> Name of Outside Organization <i>(include address and description)</i>	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.

  
Signature of Agency Head or Designee

Dominic Lazzaretto

Print Name

City Manager

4/12/18

Title

(Month, Day, Year)

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

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

Alicia Sanchez	3/1/2018	4	1
Margaret Lindstrom	3/8/2018	4	1
Lisa Flores	3/20/2018	4	1
Dominic Lazzaretto	3/27/2018	3	2
Gina Hernandez/raffle Easter egg hunt	3/29/2018	8	2
		23	