

**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

APR 12 2018

California
Form

802

For Official Use Only

☐ **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
Provide Title/Explanation

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

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:
See attached list		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
		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.

Signature of Agency Head or Designee

Dominic Lazzaretto

Print Name

City Manager

Title

4/12/18

(Month, Day, Year)

Comment: _____

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	