

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

COPY

A Public Document

1. Agency Name City of Arcadia Division, Department, or Region (If Applicable) Designated Agency Contact (Name, Title) Dominic Lazzaretto Area Code/Phone Number 626-574-5401 E-mail domlazz@arcadiaca.gov		Date Stamp MAY 21 2018 CITY OF ARCADIA CITY CLERK	California Form 802 For Official Use Only <input type="checkbox"/> 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 \$ 167.00

Event Description Disneyland Resort Park Hopper Tickets
Provide Title/Explanation Date(s) _____/_____/_____

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 (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		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	City Manager	March 9, 2018
Signature of Agency Head or Employee	Print Name	Title	(Month, Day, Year)

Comment: _____

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Arcadia Division, Department, or Region (if applicable) Street Address 240 W. Huntington Drive, Arcadia CA 91007 Area Code/Phone Number 626-574-5401 Email domlazz@arcadiaca.gov Agency Contact (name and title) Dominic Lazzaretto, City Manager		Date Stamp California 801 Form For Official Use Only
<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)		

2. Donor Name and Address

<input type="checkbox"/> Individual Last Name First Name P.O. Box 61061, 1313 Harbor Blvd. Anaheim CA 92803 Address City State Zip Code Disneyland Resort		<input checked="" type="checkbox"/> Other The Walt Disney Company Name
---	--	---

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

Carrie Nocella	\$ 20,040.00		
Name	Amount	Name	Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Location of Travel		Dates (month, day, year)	
Transportation Provider	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other Check Applicable Boxes	Name of Lodging Facility	
\$ Lodging Expenses	\$ Meal Expenses	\$ Transportation Expenses	\$ Other Expenses
\$ Total Expenses		\$ Total Expenses	

3.1 (b) Payment(s) not related to travel:

Dates (month, day, year)	\$ Total Expenses
--------------------------	-------------------

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Arcadia Fire Department received 2 Disneyland Resort Park Hopper tickets per employee in appreciation of their service battling recent California wild fires.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Position/Title	Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

 Signature	Dominic Lazzaretto Print Name	City Manager Title	03/09/18 (month, day, year)
---	----------------------------------	-----------------------	--------------------------------





















Comment:

(Use this space or an attachment for any additional information)























FPPC Form 801 (Jan/18)
 advice@fppc.ca.gov

Clear Page

















2018 Disneyland Tickets Distribution List - One Pair Per Employee

Department Member	Signature	Received Date
Alarcon, Nicholas D.		3/9/18
Ansell, Jonathan		3/9/18
Augino IV, Joseph		3/14/18
Barragan, Patty		3/26/18
Bird, Jeffrey R.		2/28/18
Boyer, Timothy J.		2/26/18
Burckle, Jonathan		3-1-18
Cerwin, Cody D.		2-26-18
Chen, Rita		3-26-2018
Cheung, Benjamin		3-1-18
Chidley, Patrick		02/29/2018
Cole, Devin		02/26/18
Cole, John		3/09/18
Conrad, Jeremy A.		02/26/18
Couts, George		02/26/2018
Davis, Jysiah		02/26/2018
Devlin, Thomas E.		3/8/18
Fournier, Beth	Mailed to Beth's request (see attached email printouts)	3/8/18
Galindo, Kenneth		2/27/2018
Haney, Brad		2/27/2018
Harvey, Richard J.		2/26/2018

2018 Disneyland Tickets Distribution - One Pair Per Employee

Department Member	Signature	Received Date
Herrick, Joseph M.		2-26-18
Hopple, Richard F.		2-26-18
Huang, Lili		4/8/18
Johnson, Jeffrey		2/27/18
Klemm, Chris		3/16/18
Krikorian, Mark A.		3/13/18
Lang, Michael E.		2/26/18
Machuca, Ryan		2-26-18
Maes, Richard		3-1-18
Matsumoto, Andrew S.		2-26-18
Miller, James		2-26-18
Moore, Christopher D.		2-26-18
Morehead, Todd		7/15/18
Nuckolls, Steven R.		2-26-18
Oishi, Richard S.		4/17/18
Olivarez, Richard		2-26-18
Park, Joseph	Mailed @ Joe's request - (see attached printouts)	3-9-18 PPS
Patterson, Jeff		02-26-18
Perumean, Jill A.		3-26-18
Pheng, Nik H.		3-15-18
Pryor, Drew		2-28-18
Ring, Travis		2/27/18
Robinson, Gary T.		3/10/18

2018 Disneyland Tickets Distribution - One Pair Per Employee

Department Member	Signature	Received Date
Rodas, Joel		2/26/18
Sheek, Joshua A.		3-9-18
Sinnott, Steven E.		3/8/18
Smith, Donald		3/22/18
Spriggs, Barry R.		2/26/18
Stratton, Michael J.		2-28-18
Suen, Chen		3/1/18
Sutton, Jacob		2/28/18
Taylor, Maria		3/23/18
Tuggle, Charles A.		2/26/18
Twitchell, John A.		2/26/18
Ursettie, Brian J.		3/1/18
Valentine, Kevin D.		3/6/18
Wiegand, Nicholas		3-15-18
Sabella, Samuel		3-19-18
Johnson, Erik		3-27-18

2018.02.26