

**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)

*RECEIVED*  
Date Stamp

JUL 3 2018

California  
Form

**802**

For Official Use Only

Designated Agency Contact (Name, Title)

Dominic Lazzaretto, City Manager

Area Code/Phone Number

626-574-5401

E-mail

domlazz@arcadiaca.gov

CITY OF ARCADIA  
CITY CLERK

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 \$ 83

Event Description Pasadena Symphony & Pops  
Provide Title/Explanation

Date(s) 6 / 23 / 18 9 / 8 / 18

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

If no: Pasadena Symphony and Pops  
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:		
Whalen, Vaughn	10	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Representation of City, employee morale	Income <input type="checkbox"/>	
	10	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:	Income <input type="checkbox"/>	
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

July 2, 2018

(Month, Day, Year)

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