

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b>
City of Arcadia		MAR 6 2019	
Division, Department, or Region (If Applicable)		For Official Use Only	
Designated Agency Contact (Name, Title)		CITY OF ARCADIA CRYSTAL	
Dominic Lazzaretto, City Manager		Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number	E-mail	Date of Original Filing: _____ (Month, Day, Year)	
626-574-5401	domlazz@ArcadiaCA.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 10

Event Description \_\_\_\_\_ Provide Title/Explanation Date(s) 12 / 26 / 18 6 / 23 / 19

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.

<b>A. Name of Agency, Department or Unit</b>		Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy	
See attached				
<b>B. Name of Individual (Last, First)</b>		Number of Ticket(s)/Pass(es)	Identify one of the following:	
See attached			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:	
<b>C. Name of Outside Organization (include address and description)</b>		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	3/6/19
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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

## Race Track Ticket Distribution- 2019

Name	Date	# Tickets	# Parking pass
Marcos Garcia	2/14/2019	4	1
Jerry Moeller	2/14/2019	4	1
Victor Casteneda	2/14/2019	4	1
Dominic Lazzaretto	2/16/2019	4	1
		16	4