

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

RECEIVED A Public Document

| | | | |
|---|---------------------------------|--|---|
| 1. Agency Name City of Arcadia | | Date Stamp MAR 6 2019 CITY OF ARCADIA CITY CLERK | California Form 802 For Official Use Only |
| Division, Department, or Region (If Applicable) | | | |
| Designated Agency Contact (Name, Title) Dominic Lazzaretto, City Manager | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) | |
| Area Code/Phone Number 626-574-5401 | E-mail 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 _____ Date(s) 12 / 26 / 18 6 / 23 / 19
Provide Title/Explanation

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 |
|---|------------------------------|---|
| | | |
| | | |
| B. Name of Individual (Last, First) | 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: |
| 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 | 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 |