

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
City of Arcadia		MAY 7 2019	
Division, Department, or Region (If Applicable)		For Official Use Only	
Designated Agency Contact (Name, Title)		CITY OF ARCADIA CITY CLERK	
Dominic Lazzaretto		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 626-574-5401	E-mail domlazz@ArcadiaCA.gov	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$ _____ 10.00
Event Description	Santa Anita Park - Horse Racing Provide Title/Explanation	
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no: Los Angeles Turf Club Name of Source _____
Was ticket distribution made at the behest of agency official?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes: _____ Official's Name (Last, First)

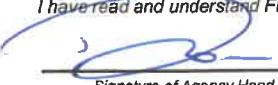
3. Recipients

• 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	
See attached	30	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Representation of City, Employee Morale	
	30	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>	
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

May 1, 2019

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

Comment: _____

Dominic Lazzaretto	4/3/2019	2	1
Roger Chandler	4/3/2019	5	2
Jason Kruckeberg	4/3/2019	3	1
Gene Glasco	4/4/2019	4	1
Roger Chandler	4/11/2019	6	2
Roger Chandler	4/18/2019	6	2
David Rodriguez	4/25/2019	4	2
		30	11