

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

A Public Document

1. Agency Name		Date Stamp	California Form
City of Arcadia		802	
Division, Department, or Region (If Applicable)		For Official Use Only	
Designated Agency Contact (Name, Title)		JUN 4 2019	
Dominic Lazzaretto, City Manager		CITY OF ARCADIA	
Area Code/Phone Number	E-mail	CITY OF ARCADIA	
626-574-5401	domlazz@ArcadiaCA.gov	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$ _____	10
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)	

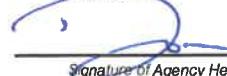
3. Recipients

• 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	18	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		
	18	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.


Signature of Agency Head or Designee

Dominic Lazzaretto

Print Name

City Manager

Title

June 3, 2019

(Month, Day, Year)

Comment: _____

Bob Harbicht	5/13/2019	8	2
April Verlato	5/16/2019	4	2
Roger Chandler	5/22/2019	6	2
Reported June 3		18	6