

**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)

Dominic Lazzaretto, City Manager

Designated Agency Contact (Name, Title)

Area Code/Phone Number

626-574-5401

E-mail

DomLazz@ArcadiaCA.gov

Date Stamp

RECEIVED

California Form

802

For Official Use Only

MAR 5 2020

CITY OF ARCADIA

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 \$ 10.00

Event Description Santa Anita Race Track - Racing

Date(s) 12 / 26 / 19 6 / 28 / 20

Provide Title/Explanation

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

If no: Santa Anita Race Track

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:		
Marilyn Merlo Nermine Gerges	4	Ceremonial Role <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
		If checking "Ceremonial Role" or "Other" describe below:		
		Employee Morale		
Nermine Gerges	4	Ceremonial Role <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
		If checking "Ceremonial Role" or "Other" describe below:		
		Employee Morale		
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

March 3, 2020

(Month, Day, Year)

Comment: _____

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)