

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

**A Public Document**

<b>1. Agency Name</b> City of Arcadia Division, Department, or Region (If Applicable)		Date Stamp <b>RECEIVED</b>  <b>APR 4 2022</b>	California Form <b>802</b> For Official Use Only
Designated Agency Contact (Name, Title) Dominic Lazzaretto, City Manager		CITY OF ARCADIA <b>CITY CLERK</b> <input checked="" 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  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 10

Event Description Santa Anita Park - Horse Racing Date(s) 12 / 26 / 21 6 / 19 / 22  
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.

<b>A.</b> Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy	
<b>B.</b> Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:	
See attached	88	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: <b>Representation of City, employee morale</b>	Income <input type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:	Income <input type="checkbox"/>
<b>C.</b> 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

April 1, 2022

(Month, Day, Year)

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

**Race Track Tickets to Employees 2022**

<b><u>Last Name</u></b>	<b><u>First Name</u></b>	<b><u>Dept.</u></b>	<b><u>Date</u></b>	<b><u>Tickets</u></b>
Chin	Doris	ASD	28-Mar	4
Cheung	Candice	Rec	28-Mar	4
Zurick	John	DSD	28-Mar	4
Chaidez	Faviola	PD	28-Mar	4
Collins	Karen	Rec	28-Mar	4
Cranmer	Paul	PWS	28-Mar	4
Marston	Ashley	Rec	28-Mar	4
Masud	Carmen	PWS	28-Mar	4
Buttice	Mary	CM	28-Mar	4
Auriemmo	Pat	Retired DSD	28-Mar	4
Kruckeberg	Jason	DSD	28-Mar	4
Brogan	Jeramie	PWS	28-Mar	4
Garcia	Kris	Rec	28-Mar	4
Rounds	Danielle	PD	28-Mar	4
Allison	Brian	PWS	30-Mar	4
Bautista	Alana	DSD	30-Mar	4
Wray	Phil	DSD	30-Mar	4
Garcia	Marcos	PWS	30-Mar	4
Zamudio	Norma	PD	30-Mar	4
Hernandez	Gina	REC	30-Mar	4
Perez	Salavador	PWS	30-Mar	4
Ho	Vincent	ASD	31-Mar	4