

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) Designated Agency Contact (Name, Title) Dominic Lazzaretto, City Manager Area Code/Phone Number 626-574-5401 E-mail domlazz@arcadiaca.gov		Date Stamp RECEIVED APR 4 2022 CITY OF ARCADIA CITY CLERK <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	California Form 802 For Official Use Only
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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.

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	88	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Representation of City, employee morale
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <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	April 1, 2022 (Month, Day, Year)
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Comment: _____

Race Track Tickets to Employees 2022

<u>Last Name</u>	<u>First Name</u>	<u>Dept.</u>	<u>Date</u>	<u>Tickets</u>
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
Aurimmo	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