

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

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Date Stamp

AUG 30 2021

CITY OF ARCADIA
CITY CLERK

California
Form

802

For Official Use Only

☐ 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 \$ 75.00

Event Description Pasadena Symphony & Pops Concerts
Provide Title/Explanation

Date(s) 8 / 14 / 21 8 / 28 / 21

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:
Please see attached list	20	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Representation of City, employee morale
	20	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
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

8/30/21

(Month, Day, Year)

Comment: _____

Alana	Bautista	dsd	93 & 94	14-Aug
David	Vivas	library	95 & 96	14-Aug
Scott	Gurrola	library	97 & 98	14-Aug
Yvonne	Ng	library	99 & 100	14-Aug
Dean	Caputo	pd	101 & 102	14-Aug

April	Verlato	CC	53 & 54	28-Aug
Jeramie	Brogan	dsd	55 & 56	28-Aug
Scott	Gurrola	library	57 & 58	28-Aug
Yvonne	Ng	library	59 & 60	28-Aug
Amber	Abeyta	dsd	61 & 62	28-Aug