

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

RECEIVED

A Public Document

**1. Agency Name**

City of Arcadia

Division, Department, or Region (If Applicable)

Date Stamp

AUG 31 2021

California Form

**802**

For Official Use Only

**Designated Agency Contact (Name, Title)**

Dominic Lazzaretto, City Manager

Area Code/Phone Number

626-574-5401

E-mail

domlazz@arcadiaca.gov

**CITY OF ARCADIA  
CITY CLERK**

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 \$ 30.00

Event Description San Marino Motor Classic Car Show

Date(s) 08 / 22 / 21 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Provide Title/Explanation

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

If no: Pasadena Humane Society

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

8/23/2021

(Month, Day, Year)

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

**San Marino Motor Classic Car Show - August 22, 2021**

**Name**      **Department**

Eduardo Topete	Library
Vanessa Quiroz	DSD
Jeff Wang	DSD
Tyler Polidori	PWS
Ron D'Alessandro	DSD