

# Agency Report of:

## Ceremonial Role Events and Ticket/Pass Distributions RECEIVED

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b>
City of Arcadia		MAY 18 2022  CITY OF ARCADIA CITY CLERK	For Official Use Only
Division, Department, or Region (If Applicable)			
City Manager's Office			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Dominic Lazzaretto, City Manager			
Area Code/Phone Number	E-mail		
626-574-5401	domlazz@ArcadiaCA.gov		

### 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	56	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
	56	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.

	Dominic Lazzaretto	City Manager	May 2, 2022
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

Tea	Daniel	PD	4-Apr	4
Abeyta	Amber	PD	4-Apr	4
Rodriguez	Mark	DSD	4-Apr	4
Juarez	Danny	PD	11-Apr	4
Arellano	Rachelle	CM	13-Apr	4
Gomez	Chile	CM	13-Apr	4
Rodriguez	Linda	CM	14-Apr	4
Brutus	Jen	CM	18-Apr	4