

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)

City Manager's Office

Designated Agency Contact (Name, Title)

Dominic Lazzaretto, City Manager

Area Code/Phone Number

626-574-5401

E-mail

domlazz@ArcadiaCA.gov

Date Stamp

MAY 18 2022

California Form

802

For Official Use Only

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 \$ _____ 10

Event Description Santa Anita Park - Horse Racing
Provide Title/Explanation

Date(s) 12 / 26 / 21 6 / 19 / 22

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
See attached			
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"/> If checking "Ceremonial Role" or "Other" describe below: Representation of City, employee morale
	56		Ceremonial Role <input type="checkbox"/> Other <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

May 2, 2022

(Month, Day, Year)

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