

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

A Public Document

<b>1. Agency Name</b> City of Arcadia <b>Division, Department, or Region (If Applicable)</b>		<b>RECEIVED</b> Date Stamp <b>JUL 7 2022</b>  <b>CITY OF ARCADIA</b> <b>CITY CLERK</b>	<b>California Form 802</b> For Official Use Only
<b>Designated Agency Contact (Name, Title)</b> Dominic Lazzaretto <b>Area Code/Phone Number</b> 626-574-5401 <b>E-mail</b> domlazz@ArcadiaCA.gov			
		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) <b>Date of Original Filing:</b> _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 60.00  
Event Description Pasadena Symphony & Pops Concerts Date(s) 06 / 25 / 22  
*Provide Title/Explanation*  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Pasadena Symphony & Pops  
*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.

<b>A.</b> Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<b>B.</b> Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
See attached		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Representation of City, employee morale
<b>C.</b> 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	June 30, 2022 (Month, Day, Year)
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Comment: \_\_\_\_\_

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

Johnathan	Doojphibulpol	DSD	2	25-Jun
Dean	Caputo	PD	2	25-Jun
Jack	Yan	Library	2	25-Jun
Danielle	Oldfield	Library	2	25-Jun
Luis	Cendejas	PWS	2	25-Jun