

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

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**A Public Document**

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b>
City of Arcadia Division, Department, or Region (If Applicable)		SEP 26 2022	For Official Use Only
Designated Agency Contact (Name, Title)		CITY OF ARCADIA CITY CLERK	
Dominic Lazzaretto, City Manager		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 626-574-5401	E-mail domlazz@arcadiaca.gov	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 \$ 83

Event Description Pasadena Symphony & Pops Concerts  
Provide Title/Explanation

Date(s) 9 / 10 / 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)

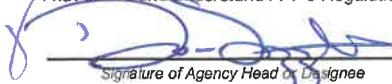
**3. Recipients**

• 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.

<b>A. Name of Agency, Department or Unit</b>		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	
See attached		20	Identify one of the following:  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:	
<b>C. Name of Outside Organization (Include address and description)</b>		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

Sept. 22, 2022

(Month, Day, Year)

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

Yvonne	Ng	Library	2	27-Aug
Doris	Chin	ASD	2	27-Aug
Vanina	Rynkiewcz	ASD	2	27-Aug
Brian	Ursettie	Fire	2	27-Aug
Danielle	Oldfield	Library	2	27-Aug

Caputo	Dean	PD	10	Sept. 10
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