

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

A Public Document

1. Agency Name City of Arcadia		Date Stamp <i>JAN 6 2023</i>	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Dominic Lazzaretto, City Manager		Designated Agency Contact (Name, Title) CITY OF ARCADIA CITY CLERK	
Area Code/Phone Number 626-574-5401	E-mail domlazz@arcadiaca.gov	<input type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$ <u>10.00</u>
Event Description <u>Santa Anita Park - Horse Racing</u> <small>Provide Title/Explanation</small>		Date(s) <u>12 / 26 / 22</u> <u>6 / 18 / 23</u>
Ticket(s)/Pass(es) provided by agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no: _____ <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes: _____ <small>Official's Name (Last, First)</small>

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

Dominic Lazzaretto

Print Name

City Manager

Title

1/3/23

(Month, Day, Year)

Comment: _____

		PWS		
Sornoso	Henry	retired	Dec. 27	4
Hernandez	Gina	Rec	Dec. 27	4
Rodriguez	Mark	DSD	Dec. 27	4
Rynkiewicz	Vanina	ASD	Dec. 27	4
Chin	Doris	ASD	Dec. 27	4
Brogan	Jeramie	PWS	Dec. 27	4
Smith	Alejandra	DSD	Dec. 27	4
Brutus	Jennifer	CM	Dec. 27	4
Cranmer	Paul	PWS	Dec. 27	4
Bird	Jeff	Fire	Dec. 27	4
Chaidez	Faviola	PD	Dec. 27	4
MacCarley	Alison	DSD	Dec. 27	4
Rounds	Danielle	PD	Dec. 27	4
Chavez	Angela	PWS	Dec. 27	4
Esparza	Francisco	PWS	Dec. 27	4
Maariaga	Oscar	PWS	Dec. 27	4
Vivas	David	Library	Dec. 27	4
Scott	Robert	PWS	Dec. 27	4
Garcia	Marcos	PWS	Dec. 27	4
Cimimo	James	Pws	Dec. 27	4
Blair	Kristin	PD	Dec. 27	4