



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

A Public Document

<b>1. Agency Name</b> City of Arcadia		 Date Stamp JAN 6 2023	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Dominic Lazzaretto, City Manager		 <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 626-574-5401	E-mail domlazz@arcadiaca.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 10.00

Event Description Santa Anita Park - Horse Racing Date(s) 12 / 26 / 22 6 / 18 / 23  
*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	84	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: <b>Representation of City, employee morale</b>
	84	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.

	<u>Dominic Lazzaretto</u>	<u>City Manager</u>	<u>1/3/23</u>
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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

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

		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