

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

RESERVED

A Public Document

1. Agency Name

City of Arcadia

Division, Department, or Region (If Applicable)

Date Stamp

FEB 7 2023

California
Form

802

For Official Use Only

Designated Agency Contact (Name, Title)

Dominic Lazzaretto, City Manager

Area Code/Phone Number

626-54-5401

E-mail

domlazz@arcadiaca.gov

☐ 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 / 22 6 / 18 / 23

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Los Angeles Turf Club

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	72	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
	72	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.

Signature of Agency Head or Designee

Dominic Lazzaretto

Print Name

City Manager

Title

Feb. 6, 2023

(Month, Day, Year)

Comment: _____

Tea	Daniel	PD	Jan. 3	4
Polifka	Shelly	library	Jan. 3	4
Loekman	Michael	PWS	Jan. 3	4
Beltran	Eric	PWS	Jan. 3	4
Vargas	Daniel	PWS	Jan. 3	4
Zurick	John	DSD	Jan. 3	4
Marston	Ashley	REC	Jan. 4	4
Balanay	Jan	PWS	jan. 4	4
Pizano	Angelica	PWS	jan. 4	4
Kalanjian	Janessa	PWS	Jan. 5	4
Buharie	Deen	PWS	5-Jan	4
Pruhs	Stephsnie	PD	Jan. 6	4
Pruhs	Drew	PD	Jan. 6	4
Ring	Travis	Fire	Jan. 9	4
Auriemmo	Pat	Ret. DSD	9-Jan	4
Salce	Alicia	ASD	Jan. 9	4
Sanchez	Matt	PWS	Jan. 20	4
Torres	Anthony	PWS	Jan. 20	4