

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp <b>RECEIVED</b>	California Form <b>802</b>
City of Arcadia		For Official Use Only	
Division, Department, or Region (If Applicable)		JUN 6 2023	
Designated Agency Contact (Name, Title)		CITY OF ARCADIA CITY COUNCIL	
Dominic Lazzaretto, City Manager		<input checked="" 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 \$ \_\_\_\_\_ \$10

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.

<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	
<b>B. Name of Individual (Last, First)</b>		Number of Ticket(s)/Pass(es)	Identify one of the following:	
Toni McKiernan		4	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>	
		4	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

June 6, 2023

(Month, Day, Year)

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