

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

A Public Document

<b>1. Agency Name</b> City of Arcadia		<b>RECEIVED</b> Date Stamp <b>SEP 6 2023</b> <b>CITY OF ARCADIA</b> <b>CITY CLERK</b>	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable) Dominic Lazzaretto, City Manager			
Designated Agency Contact (Name, Title) 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 ☒ No ☐ Face Value of Each Ticket/Pass \$ 60.00

Event Description Pasadena Pops Tickets Date(s) 06 / 24 / 23 09 / 09 / 23  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Pasadena Symphony & Pops  
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	57	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
	57	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.

	Dominic Lazzaretto	City Manager	9/6/23
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)

Carrillo	Anabel	PWS	4
Henneforth	Laura	DSD	2
Abeyta	Amber	PD	4

Carrillo	Anabel	PWS	2
Ng	Yvonne	Library	2
Bonomo	John	P D	5

Fajardo	Mariella	Library	2
Antonacci	Bani	Rec	2
Henneforth	Laura	DSD	2
Cruz	Samantha	DSD	2

Smith	Pat	Library	3
Corona	John	PWS	7

Verlato	April	CC	4
Flores	Lisa	DSD	2
Manzano	Elizabeth	Library	2
Caputo	Dean	PD	2

Barragan	Patty	Fire	4
Pizano	Angelica	PWS	6