

A Public Document

1. Agency Name City of Arcadia		RECEIVED Date Stamp OCT - 3 2023 CITY OF ARCADIA CITY CLERK	California Form 802
Division, Department, or Region <i>(If Applicable)</i>			For Official Use Only
Designated Agency Contact <i>(Name, Title)</i> Dominic Lazzaretto, City Manager		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(Month, Day, Year)</i>	
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 \$ _____ 20

Event Description	Santa Anita Race Track - horse racing
	<i>Provide Title/Explanation</i>

Date(s) 09 / 29 / 23 11 / 05 / 23

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

If no: Santa Anita Race Track
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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
See attached	108	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Representation of City, Employee morale
	108	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <small>(include address and description)</small>	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	10/2/23
<i>Signature of Agency Head or Designee</i>	<i>Print Name</i>	<i>Title</i>	<i>(Month, Day, Year)</i>

Comment: _____

<u>Last Name</u>	<u>First Name</u>	<u>Dept.</u>	<u>Date</u>	<u>Tickets</u>
Chin	Doris	ASD	21-Sep	4
McKiernan	Toni	retired	21-Sep	4
Carbone	Sue	retired	Sept. 21	4
Salce	Alicia	ASD	Sept. 21	4
Cranmer	Paul	PWS	Sept. 21	4
Zurick	John	DSD	Sept. 21	4
Pizano	Angelica	PWS	Sept. 21	4
Marston	Ashley	Rec	Sept. 21	4
Chavez	Angela	PWS	Sept. 21	4
Carillo	Anabel	PWS	Sept. 21	4
Kruckeberg	Jason	PWS	Sept. 21	4
Buttice	Mary	CM	Sept. 21	4
Zhang	Wendy	Fire	Sept. 21	4
Blair	Kristin	PD	Sept. 21	4
Auriemmo	Pat	Retired	Sept. 21	4
Lee	Tiffany	PWS	Sept. 25	4
Rounds	Danielle	PD	Sept. 25	4
Chaidez	Faviola	PD	Sept. 25	4
Peralta	Larry	PD	Sept. 25	4
Bird	Jeff	Fire	Sept. 25	4
Long	Brian	PD	Sept. 25	4
Ring	Travis	Fire	Sept. 25	4
Zamudio	Norma	PD	Sept. 25	4
Ursettie	Brian	Fire	Sept. 25	4
Morfin	Stephanie	PD	Sept. 25	4
Cheung	Candice	Rec	Sept. 25	4
Chen	Phoebe	Library	Setp. 28	4