

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

A Public Document

1. Agency Name		RECEIVED Date Stamp <i>OCT - 3 2023</i>	California Form 802 For Official Use Only
City of Arcadia Division, Department, or Region (If Applicable)		CITY OF ARCADIA CITY CLERK	
Designated Agency Contact (Name, Title) Dominic Lazzaretto, City Manager		□ 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 \$ 20

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

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 (Last, First)	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"/>
		If checking "Ceremonial Role" or "Other" describe below: Representation of City, Employee morale		
	108	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

10/2/23

(Month, Day, Year)

Comment: _____

<u>Last Name</u>	<u>First</u>	<u>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

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