

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

A Public Document

1. Agency Name City of Arcadia		Date Stamp RECEIVED DEC 6 2023 CITY OF ARCADIA CITY CLERK	California Form 802 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 \$ 1,089.00

Event Description Breeders' Cup 2023 Date(s) 11 / 3 / 23 11 / 4 / 23
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Santa Anita Park
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	16	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
	16	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

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
12/5/23
Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

Sharon Kwan	April Verlato
Andy Chen	Aidan Chao
Jason Kruckeberg	Paul Cheng
Tara Kruckeberg	Ainy Cheng
Karen McNair	Michael Cao
Naomi Briones	Dominic Lazzaretto
Eileen Wang	Christine Lazzaretto
	Sandra Armenta - City of
Carrie Barker	Rosemead