

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

A Public Document

1. Agency Name City of Arcadia Division, Department, or Region (If Applicable)		Date Stamp RECEIVED DEC 6 2023	California Form 802 For Official Use Only
Dominic Lazzaretto, City Manager Designated Agency Contact (Name, Title)		CITY OF ARCADIA 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	1,089.00
Event Description	Breeders' Cup 2023 Provide Title/Explanation	Date(s)	11 / 3 / 23      11 / 4 / 23
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Santa Anita Park Name of Source
Was ticket distribution made at the behest of agency official?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	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.

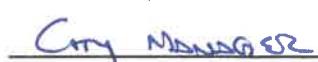
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	Identify one of the following:	
See attached		16	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:	Income <input type="checkbox"/>
		16	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:	Income <input type="checkbox"/>
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

  
Print Name

  
Title

12/5/23  
(Month, Day, Year)

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

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
Carrie Barker	Sandra Armenta - City of Rosemead