

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

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1. Agency Name City of Arcadia		Date Stamp JUL 3 2024 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 \$ 82

Event Description Pasadena POPS Concerts Date(s) 6 / 29 / 24 9 / 7 / 24
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Pasadena Symphony and 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
see attached	10	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> City representation, employee morale
		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 7/2/24
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)

June. 29

Bradley	Darlene	Library	2
Legasi	Lupe	HR	2
Carillo	Anabel	PWS	2
Caputo	Dean	PD	2
Arndell	Briget	PWS	2