

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

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A Public Document

**1. Agency Name**

City of Arcadia  
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

Date Stamp

JUL 3 2024

California Form 802

For Official Use Only

CITY OF ARCADIA  
CITY CLERK

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  
Provide Title/Explanation

Date(s) 6 / 29 / 24 9 / 7 / 24

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 (Last, First)	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"/>
		If checking "Ceremonial Role" or "Other" describe below: City representation, employee morale		
		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

7/2/24

(Month, Day, Year)

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

**June. 29**

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