

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

A Public Document

1. Agency Name		RECEIVED Date Stamp AUG 5 2024	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		<input type="checkbox"/> 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 \$ **82**

Event Description **Pasadena Pops Concerts**
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		
See attached	10	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> City representation and employee morale		
	10	Ceremonial Role <input type="checkbox"/> Other <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.


Signature of Agency Head or Designee

Dominic Lazzaretto

Print Name

City Manager

Title

Aug. 5, 2024

(Month, Day, Year)

Comment: _____

July. 27

Collins	Karen	Rec	2	1 parking pass
Ng	Yvonne	Library	2	
Porras	Lauren	Museum	2	1 parking pass
Johnson	Alana	DSD	2	
Nakagawa	William	PD	2	