

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

**A Public Document**

<b>1. Agency Name</b>		<b>RECEIVED</b>	<b>California Form 802</b>
City of Arcadia		For Official Use Only	
Division, Department, or Region (If Applicable)		FEB 4 2025	
Designated Agency Contact (Name, Title)		CITY OF ARCADIA CITY CLERK	
Dominic Lazzaretto, City Manager		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 \$ 10.00

Event Description Santa Anita Race Track Date(s) 12 / 26 / 24      6 / 15 / 25  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
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.

<b>A.</b> Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy		
<b>B.</b> Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:		
See Attached	24	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/>	Income <input type="checkbox"/>	If checking "Ceremonial Role" or "Other" describe below: <b>Employee morale and City representation</b>
	24	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/>	Income <input type="checkbox"/>	If checking "Ceremonial Role" or "Other" describe below: 
<b>C.</b> 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

2-4-25

(Month, Day, Year)

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

Gutierrez	Aymme	PD	Jan. 2	4
Martinez	Gabriel	PD	Jan. 2	4
Santana	Patricia	DSD	Jan. 3	4
Flores	Aysha	Library	Jan. 6	4
Scott	Bobby	PWS	Jan. 6	4
Sumioka	Annie	REC	Jan. 13	4