

**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)		RECEIVED Date Stamp FEB 4 2025 CITY OF ARCADIA CITY CLERK	California Form 802 For Official Use Only
Designated Agency Contact (Name, Title) Dominic Lazzaretto, City Manager			
Area Code/Phone Number 626-574-5401	E-mail domlazz@arcadiaca.gov	<input checked="" 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 \$ 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.

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	24	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee morale and City representation
	24	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.

 <small>Signature of Agency Head or Designee</small>	<u>Dominic Lazzaretto</u> <small>Print Name</small>	<u>City Manager</u> <small>Title</small>	<u>2-4-25</u> <small>(Month, Day, Year)</small>
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Comment: _____

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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