

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

A Public Document

1. Agency Name		RECEIVED Date Stamp MAY 5 2025	California Form 802 For Official Use Only
City of Arcadia Division, Department, or Region (If Applicable)		CITY OF ARCADIA CITY CLERK	
City Manager's Office		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Designated Agency Contact (Name, Title)		Date of Original Filing: _____ (Month, Day, Year)	
Dominic Lazzaretto			
Area Code/Phone Number 626-574-5401	E-mail domlazz@arcadiaca.gov		

2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$ _____ 50.00
Event Description	Derby Day 5k Run/Walk <small>Provide Title/Explanation</small>	Date(s) 04 / 05 / 25 _____ / _____ / _____
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no: _____ <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes: _____ <small>Official's Name (Last, First)</small>

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	38	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> City Representation, Employee Morale	Income <input type="checkbox"/>
	38	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>	Income <input type="checkbox"/>
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

4/29/25

(Month, Day, Year)

Comment: _____

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

Alex Smith	Wilson Luo	Michael Kwok
Fiona Graham	Emily Buchanan	Robert Kalanjian
Christine Martinez	Bessie Lo	Briget Arndell
Ryan Huey	Natalie Gonzalez	Angelica Pizano
Jeramie Brogan	Karen Collins	Anabel Carrillo
		Jeremy
Iris Cisneros	Parminder Kaur	Lachenmyer
Melissa Chipres	Gigi Chung	Michael Benschop
Jason Kruckeberg	Mario Rodriguez	
Matt Perreault	Sevak Bedrosian	
Johnathan D.	Justine Bruno	
John Zurick	Jill Perumean	
Mark Rodriguez	Patty Barragan	
Kenneth Fields	Erica Nam	
Lauren Porras	Lily Lu	
Stevy Acevedo	Wendy Zhang	