

**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)		Date Stamp RECEIVED JUN 3 2025 CITY OF ARCADIA FILER CLERK	California Form 802 For Official Use Only
Designated Agency Contact (Name, Title) Dominic Lazzaretto, City Manager		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
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 No Face Value of Each Ticket/Pass \$ 10.00

Event Description Santa Anita Race Track Tickets
Provide Title/Explanation Date(s) _____/_____/_____ 06/15/25

Ticket(s)/Pass(es) provided by agency? Yes No If no: Santa Anita Race Track
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		12	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee morale and representation of City of Arcadia	Income <input type="checkbox"/>
		12	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 <small>(include address and description)</small>		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

6/2/2025

(Month, Day, Year)

Comment: _____

Tran	Jackie	CM former	24-Apr	4
Harbicht	Bob	mayor	May. 5	4
Somogyi	Sara	Rec	May. 8	4