

A Public Document

1. Agency Name City of Arcadia		RECEIVED Date Stamp JUL 7 2025 CITY OF ARCADIA CITY CLERK	California Form 802
Division, Department, or Region (If Applicable) Dominic Lazzaretto, City Manager			For Official Use Only
Designated Agency Contact (Name, Title) 			<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)
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 \$ 105.00 tix/ 40 parking

Event Description	Pasadena Pops Concert Tickets
	<i>Provide Title/Explanation</i>

Date(s) 06 / 21 / 25 _____

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Pasadena Symphony & 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
B.	Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
See attached		10	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Representation of City and employee morale
		10	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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 FPFC 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

07/07/25

(Month, Day, Year)

Comment: _____

June. 21

Collins	Karen	Rec	2	seats 1 & 2, parking
Bradley	Darlene	Library	2	seats 3 & 4, parking
Morishita	Maxine	Library	2	seats 5 & 6
Bhawal	Rumi	Library	2	seats 7 & 8 parking
Martinez	Cierra	Library	2	seats 9 & 10