

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

A Public Document

1. Agency Name		RECEIVED Date Stamp AUG 4 2025 CITY OF ARCADIA CITY CLERK	California Form 802 For Official Use Only
City of Arcadia Division, Department, or Region (If Applicable) City Manager's Office Designated Agency Contact (Name, Title) Dominic Lazzaretto, City Manager Area Code/Phone Number 626-574-5401			
E-mail domlazz@ArcadiaCA.gov		<input 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 \$ \$105 and \$40 parking

Event Description Pasadena Pops Concert Date(s) 07 / 12 / 25 07 / 26 / 25
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Pasadena 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
See attached	20	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Arcadia representation and employee morale
	20	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 <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	8/4/25 (Month, Day, Year)
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Comment: _____

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

July. 12

Ng	Yvonne	Library	4
Ursettie	Brian	Fire	4
Lim	Aimee	Library	2

July. 26

Porras	Lauren	Library	2
Morashita	Maxine	Library	2
Chen	Rita	Fire	2
Arndell	Briget	PWS	2
Dang	Amy	Library	2