

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
City of Arcadia		AUG 4 2025	
Division, Department, or Region (If Applicable)		For Official Use Only	
City Manager's Office		CITY OF ARCADIA CITY CLERK	
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Dominic Lazzaretto, City Manager		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 and \$40 parking

Event Description Pasadena Pops Concert
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)

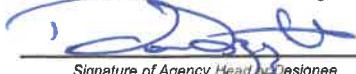
3. Recipients

• 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 (Last, First)		Number of Ticket(s)/Pass(es)	Identify one of the following:	
See attached		20	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: <u>Arcadia representation and employee morale</u>	Income <input type="checkbox"/>
		20	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:	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

8/4/25

Title

(Month, Day, Year)

Comment: _____

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