

**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) Designated Agency Contact (Name, Title) Dominic Lazzaretto, City Manager Area Code/Phone Number E-mail 626-574-5401 dlazzaretto@ci.arcadia.ca.us	Date Stamp AUG 13 2014	California Form 802 For Official Use Only <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>8/12/2014</u> <small>(Month, Day, Year)</small>
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2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 200.00

Event Description Dodger Baseball game Date(s) 8 / 15 / 14
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Nigro Karlin Segal Feldstein & Bolno, LLP
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 list	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> Representation of City, employee morale
		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.

[Redacted Signature]	Dominic Lazzaretto	City Manager
<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: Tony Trabasso's Retirement