

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions** RECEIVED A Public Document

<b>1. Agency Name</b> City of Fresno		Date Stamp 2016 MAR 1 PM 12 05	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Mayor's Office		CITY CLERK, FRESNO, CA	
Designated Agency Contact (Name, Title) Yvonne Spence, City Clerk			
Area Code/Phone Number (559) 621-7650	E-mail Yvonne.Spence@Fresno.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 30.00

Event Description: 2016 State of Downtown Date(s) 03 / 30 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Downtown Fresno Partnership  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  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)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Mayor Ashley Swearingin	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Mayor Provided keynote speech
Miguel Ramirez	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Staffed Mayor
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	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.*

Kelli Furtado
Deputy Chief of Staff
04/01/2016  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_