

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

A Public Document

1. Agency Name Fresno Fire Department <i>Division, Department, or Region (if applicable)</i>		Date Stamp RECEIVED 2023 FEB 10 P 2:35 CITY OF FRESNO	California Form 802 For Official Use Only
Designated Agency Contact (Name, Title) Kerri Donis			<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: 2, 10, 2023 <i>(month, day, year)</i>
Area Code/Phone Number 559-960-8092	E-mail Kerri.Donis@fresno.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 50

Event Description: Retirement Dinner Date(s) 1 / 14 / 23
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
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:
Dyer, Jerry	2	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Attended with Spouse
		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)/ 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.

 _____ Signature of Agency Head or Designee	JERRY DYER _____ Print Name	MAYOR _____ Title	2/10/23 _____ (month, day, year)
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Comment: _____