

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

A Public Document

1. Agency Name Fresno City College Baseball		Date Stamp RECEIVED 2023 FEB 10 P 2:34	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title) Eric Solberg		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: 2, 10, 2023 (month, day, year)	
Area Code/Phone Number 559-709-7336	E-mail		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 100

Event Description: 33rd Annual Baseball Dinner Date(s) 1 / 21 / 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"/> If checking "Ceremonial Role" or "Other" describe below: Attended with Spouse
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
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
 Print Name
 Title
 (month, day, year)

Comment: _____