

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

A Public Document

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|--|-----------------------------------|---|---|
| 1. Agency Name Fresno Police Department Chaplaincy <i>Division, Department, or Region (if applicable)</i> | | Date Stamp RECEIVED 2023 MAR 24 P 3:29 | California Form 802 For Official Use Only |
| Designated Agency Contact (Name, Title) Kevin Llanos | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) | |
| Area Code/Phone Number 559-621-2117 | E-mail kevin.llanos@fresno.gov | CITY OF FRESNO CITY CLERK'S OFFICE Date of Original Filing: _____ (month, day, year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 45

Event Description: Support Blue Run Date(s) 2 / 25 / 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 | 1 | Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| Rose, Sontaya | 1 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Communications Team representative |
| 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 P. Dyer Mayor 3-24-23
Print Name Title (month, day, year)

Comment: _____