Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions					A Public Document	
	Agency Name				Date Stamp	California 802
	Fresno Police Department				RECEIVED	
	Division, Department, or Region (if applicable)					For Official Use Only
				7073	MAR 14 P 2: 3	1
	Designated Agency Contact (Name, Title)				11AH 19 7 2. 3	1
	Diana Vega			THE PROPERTY AND ADDRESS OF	rovide Explanation in Part 3.)	
	Area Code/Phone Number E-mail			VELERK'S OFFICE	3.13.23	
		Diane.Vega@fresn	o.gov		Date of Original Filing:	(month, day, year)
_						(month, day, year)
	Function or Event Information					65
	Does the agency have a tick			Each Ticket/Pass \$		
	Event Description: Officer of the Year Awards Date(s) 5				<u>/20/22</u>	
	Lvent Description.	Provide Title/ Expla	nation	u.o(o)	-	
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:	Name of Source	
	and the state of t				warne or Source	
	Was ticket distribution made at the behest Yes ☐ No ■ If yes:			Official's Name (Last, First)	*	
	of agency official?					
 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.					
	Number					
	A. Name of Agency, Depart	of Ticket(s)/ Passes	of Ticket(s)/ Describe the public purpose made pursuant to the age		suant to the agency's policy	
			rasacs			
			Number	Identify one of the following:		following:
	B. Name of Indi	of Ticket(s)/ Passes	identity one of the following.			
	Dyer, Jerry		2		nonial Role Other Other' de king "Ceremonial Role" or "Other" de	_
	-			Ceren	nonial Role Other	Income
					king "Ceremonial Role" or "Other" de	
				1		
	Name of Outside Organization		Number		the public purpose made pursuant to the agency's policy	
	C. (include address and description)		of Ticket(s)/ Passes	Describe tr	ne public purpose made pui	suant to the agency's policy
	·					
_				L		
	Verification			1.1	11 - 1 16 - 3:-1 36 - 31 - 1 - 1 - 1 - 1	iadh ahoun in in accerdana
	I have read and understand FF	PPC Regulations 1894	1.1 and 18942.	ı have verified	tnat the distribution set f	orm above, is in accordanc
	with the requirements.	_	Moss	or	3.14.23	
-	- ENVOYE	r 	May	Or Title	(month, day, year)	
Ī	Signature of Agency Head or Design	is amended with cor	rint Name	unt and corre		(month, day, year)
	Comment:	is amended with cor	ect date of et	vent and confe	or nover blice	
	Comment.					