

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of Fresno			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
General Services Department, Administration Division			
Designated Agency Contact (Name, Title)			
Martha Serena Jolley, Executive Assistant			
Area Code/Phone Number	E-mail		
559-621-1155	Martha.Jolley@fresno.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 89.00

Event Description: Fresno Grizzlies Baseball Skybox Date(s) 04/24/2024

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Fresno Baseball, LLC

Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Jolley, Martha Serena, Executive Assistant

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
	<u>Education & Leadership Foundation</u>		<u>To students & Fellows</u>
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
	<u>Bernal, Matias</u>	<u>24</u>	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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] Matias Bernal Executive Director 04/28/24
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____