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

A Public Document

Date Stamp	**California Form 802**
	For Official Use Only

1. Agency Name

City of Fresno

Division, Department, or Region (if applicable)

General Services Department, Administration Division

Designated Agency Contact (Name, Title)

Martha Serena Jolley, Executive Assistant

☐ **Amendment** (Must Provide Explanation in Part 3.)

Area Code/Phone Number	**E-mail**
559-621-1155	Martha.Jolley@fresno.gov

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 $ _____ 89.00

Event Description: _Fresno Grizzlies Baseball Skybox_   Date(s) 04/25/2024 _____   ___ ___ ___
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 Yes ■ No ☐   If yes: _Jolley, Martha Serena, Executive Assistant_____
of agency official?
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
DI Boards/Committee members	24	appreciation for serving on boards

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role ☐ Other ☐ Income ☐ 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	Laura Rios _ Print Name	COS - DI _ Title	4/23/24 _ (month, day, year)

Comment: _____

[Print]   [Clear]