

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
City of Fresno			For Official Use Only
Division, Department, or Region (if applicable)			
General Services Department, Administration Division			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
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) 04/28/2024

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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input 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
<u>EDUCATION & LEADERSHIP FOUNDATION</u>	<u>24</u>	<u>NONPROFIT ORGANIZATION THAT PROVIDES EDUCATION, CIVIC ENGAGEMENT, AND IMMIGRATION SERVICES TO FRESNO RESIDENTS.</u>
<u>1308 E. OLIVE AVE. FRESNO, CA 93728</u>		

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.

 GABRIELA OLEA CHIEF OF STAFF 04-26-24
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____