

**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) General Services Department, Administration Division			
Designated Agency Contact (Name, Title) Martha Serena Jolley, Executive Assistant			
Area Code/Phone Number 559-621-1155	E-mail Martha.Jolley@fresno.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
		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) 05/26/2024
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>1018 E. Brandywine Ln, Fresno, CA 93720</u> <u>Fresno Fury Friends</u>	<u>24</u>	<u>Donation to non-profit</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.

M. Ahmed Mona Ahmed President 5/22/24
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Print

Clear