

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

A Public Document

1. Agency Name City of Fresno		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) General Services Department			
Designated Agency Contact (Name, Title) Chris Palacios, Management Analyst II			
Area Code/Phone Number 559-621-1129	E-mail Chris.Palacios@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 \$ 150.00
Event Description: Los Inquietos w/ other artists concert Date(s) 06 / 29 / 24
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: Chris Palacios, Management Analyst II
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>DISTRICT 3 OFFICE</u>	10 tickets	<u>employee appreciation (+2 guest)</u>
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"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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.

Gabriela Olea GABRIELA OLEA CHIEF OF STAFF 06/27/24
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Print

Clear