

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

A Public Document

1. Agency Name City of Fresno <hr/> Division, Department, or Region (if applicable) General Services Department, Administration Division <hr/> Designated Agency Contact (Name, Title) Martha Serena Jolley, Executive Assistant <hr/> <table style="width:100%;"> <tr> <td style="width:30%;">Area Code/Phone Number</td> <td>E-mail</td> </tr> <tr> <td>559-621-1155</td> <td>Martha.Jolley@fresno.gov</td> </tr> </table>		Area Code/Phone Number	E-mail	559-621-1155	Martha.Jolley@fresno.gov	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>Date Stamp</div> <div> California Form 802 <small>For Official Use Only</small> </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) </div> <div style="margin-top: 5px;"> Date of Original Filing: _____ <small>(month, day, year)</small> </div> </div>
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) 7/29/2024

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>Iron Workers Local 155</u>	<u>24</u>	<u>Volunteer recognition</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.

 Signature of Agency Head or Designee	<u>Laura Rios</u> Print Name	<u>COS</u> Title	<u>7/16/24</u> (month, day, year)
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Comment: _____

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Clear