

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) Office of the Mayor		RECEIVED 2025 APR 15 12:05 PM CITY OF FRESNO CITY CLERK'S OFFICE	
Designated Agency Contact (Name, Title) Sarah Boren			Amendment (Must Provide Explanation in Part 3.)
Area Code/Phone Number 559-621-8000	E-mail sarah.boren@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 \$ 350.00
Event Description: Police Chief Gala Date(s) 04 / 05 / 25
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Fresno Police Chief's Foundation
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
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:
Dyer, Jerry	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Congratulatory Remarks
Dyer, Diane	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> 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 Jerry P. Dyer Mayor 4/15/2025
Print Name Title (month, day, year)

Comment: _____

Print

Clear