

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

A Public Document

1. Agency Name City of Fresno Division, Department, or Region (if applicable) Office of the Mayor Designated Agency Contact (Name, Title) Sarah Boren Area Code/Phone Number 559-621-8000 E-mail sarah.boren@fresno.gov		Date Stamp RECEIVED 2025 APR 16 P 2:05 CITY OF FRESNO CITY CLERK'S OFFICE	California Form 802 For Official Use Only <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)
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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 25.00
Event Description: State of Downtown Date(s) 04 / 17 / 25
Provide Title/ Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Fresno Downtown Partnership
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: Keynote Speaker
Diane Dyer, Jordan Sanchez, Kelli Furtado	3	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Staffed the Mayor
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.

 Jerry P. Dyer Mayor 4/15/2025
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Print

Clear