

**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)

General Services Department, Administration Division

Designated Agency Contact (Name, Title)

Evelyn Yambupah, Senior Administrative Clerk

Area Code/Phone Number

559-621-1104

E-mail

Evelyn.Yambupah@fresno.gov

Date Stamp

California  
Form

**802**

For Official Use Only

☐ 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 \$ 101.00

Event Description Fresno Grizzlies Baseball Skybox  
Provide Title/Explanation

Date(s) 04 / 20 / 25

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? No ☐ Yes ☒

If yes: Yambupah, Evelyn, Senior Administrative Clerk  
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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Dist. 1 volunteers/ mayor</u> <u>Staff Brian Wilson</u>	<u>15/3</u>	<u>appreciation for staff &amp; volunteers</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input 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)/ Pass(es)	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]  
Signature of Agency Head or Designee

Laura Ruiz  
Print Name

Cos  
Title

4/18/25  
(Month, Day, Year)

Comment: \_\_\_\_\_