

**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) Evelyn Yambupah, Senior Administrative Clerk <hr/> <table style="width:100%;"> <tr> <td style="width:50%;">Area Code/Phone Number 559-621-1104</td> <td style="width:50%;">E-mail Evelyn.Yambupah@fresno.gov</td> </tr> </table>		Area Code/Phone Number 559-621-1104	E-mail Evelyn.Yambupah@fresno.gov	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Date Stamp </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> California Form 802 For Official Use Only </div> <div> <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small> </div>
Area Code/Phone Number 559-621-1104	E-mail Evelyn.Yambupah@fresno.gov			

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ _____ 91.00

Event Description Fresno Grizzlies Baseball Skybox Date(s) 06 / 25 / 25 _____
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? 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>Council Support morale</u>	<u>24</u>	<u>Council Support Friends/Family appreciation</u>
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	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 <small>(include address and description)</small>	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.

 <small>Signature of Agency Head or Designee</small>	<u>Adrienne Kinney</u> <small>Print Name</small>	<u>EA</u> <small>Title</small>	<u>6/24/25</u> <small>(Month, Day, Year)</small>
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Comment: _____