

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

**A Public Document**

<b>1. Agency Name</b> City Of Fresno <b>Division, Department, or Region</b> (If Applicable) General Services Department, Administration Division <b>Designated Agency Contact</b> (Name, Title) Evelyn Yambupah, Senior Administrative Clerk <b>Area Code/Phone Number</b> 559-621-1104 <b>E-mail</b> Evelyn.Yambupah@fresno.gov		<b>Date Stamp</b>	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) <b>Date of Original Filing:</b> _____ (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 Date(s) 08 / 02 / 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.

<b>A. Name of Agency, Department or Unit</b>	<b>Number of Ticket(s)/Pass(es)</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>
<b>B. Name of Individual</b> <small>(Last, First)</small>	<b>Number of Ticket(s)/Pass(es)</b>	<b>Identify one of the following:</b> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C. Name of Outside Organization</b> <small>(include address and description)</small>	<b>Number of Ticket(s)/Pass(es)</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>
<u>Big Brothers / Big Sisters</u> <u>4047 N. Fresno Street</u>	<u>12</u>	<u>Donation</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] Nick Latta VP/COO 7-30-25  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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