## **Agency Report of:**

C	eremoniai Role Even	ts and licketip	ass Distri	butions	Α	Public Document	
1.	Agency Name				Date Stamp	California 802	
	City of Fresno					Form OUZ	
	Division, Department, or Region (if applicable)				j	For Official Use Only	
	General Services Department						
	Designated Agency Contact (Name, Title)						
	Evelyn Yambupah, Senior Administrative Clerk				Amendment (A + B) its 5 de offici D + 0		
	Area Code/Phone Number			Amendment (Must Provide Explanation in Part 3.)			
	559-621-1104	fresno.gov		Date of Original Filing:			
<del>2</del> .	Function or Event Information						
	Does the agency have a ticl	ket policy? Yes	No□ F	ace Value of	Each Ticket/Pass \$	225.00	
				1/2025 00/14/2025			
	Event Description: Boots in the Park - Pitbull  Provide Title/ Explanation  Date(s) 09/14				12025	<u>09/14/2025</u>	
	·				ed Events		
	Vas ticket distribution made at the behest Yes No No If yes:						
	of agency official?						
 3.	Desinients						
ა.	Recipients	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.					
	Number				al. Use section C to identify	y an outside organization.	
	A. Name of Agency, Depa	ırtment or Unit	of Ticket(s)/ Passes	s)/ Describe the public purpose made pursuant to the agency's policy			
	City of Freshort		2	Staff	7 Appreciation		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:		
					monial Role Other Income cking "Ceremonial Role" or "Other" describe below:		
					nonial Role Other Income in Income in Income		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e the public purpose made pursuant to the agency's policy		
				IF		<del></del>	
4.	Verification I have read and understand FP with the requirements Signature of Agency Head or Design	el y	1 and 18942. I	have verified t	hat the distribution set for Councilly	4/12/2	
						<del></del>	

**Print**