

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of Fresno			
Division, Department, or Region (if applicable) General Services Department			
Designated Agency Contact (Name, Title) Evelyn Yambupah, Senior Administrative Clerk			
Area Code/Phone Number 559-621-1104	E-mail Evelyn.Yambupah@fresno.gov	☐ 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 \$ 225.00

Event Description: Boots in the Park - Pitbull Date(s) 09/14/2025 09/14/2025
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Activated Events
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

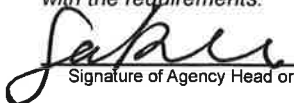
3. Recipients

• 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:
		Ceremonial Role ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
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
CITY OF FRESNO FIESTAS PATRIAS	4	CITY OF FRESNO RESIDENTS VOLUNTEERING AT EVENT - APPRECIATION

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.


GABRIELA OLEA CHIEF OF STAFF 9/12/25
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Print

Clear