Agency Report of:

C	eremonial Role Even	ts and Ticket/P	A Public Document				
f.	Agency Name				Date Stamp	California 802	
	City of Fresno					The second	
	Division, Department, or Region (if applicable)					For Official Use Only	
	General Services Department						
	Designated Agency Contact (Name, Title)						
	Evelyn Yambupah, Senior Administrative Clerk				Amendment (Must	Provide Explanation in Part 3.)	
	Area Code/Phone Number			Date of Original Filling:(month, day, year)			
	559-621-1104	9-621-1104 Evelyn.Yambupah@fresno.gov					
2.	Function or Event Information					205.00	
	Does the agency have a tick	■ No 🗆 F	ace Value of	Each Ticket/Pass \$ _	225.00		
	Event Description: Boots in	the Park - Pitbull	Pitbull Date(s) 09/14		<u>4/2025</u> 09/14/2025		
	Provide Title/ Explanation				00/11/2020		
	Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 If no: <u>Activate</u>			ed Events			
	Was ticket distribution made at the behest Yes ☐ No ■ If ye				Name of Source		
	of agency official?	at the penest Yes [est Yes 🗌 No 📕 If ye		Official's Name (Last, First)		
	or agency official?						
3.	Recipients						
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • to					ual. Use Section C to Ident	ify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	escribe the public purpose made pursuant to the agency's policy		
	Mayor/CMO Staff		3 tickets	Staff appre	ciation/Morale	- 11100 - 21-211	
	?						
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following: Ceremonial Role Other Income Income		
	; 				nonial Role Other Other Cking "Ceremonial Role" or "Other" o		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's policy		
1. 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 of Agency Head or Designee Print Name Title (month, day, year)							
	Comment:						