

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b>
City of Fresno		RECEIVED	
Division, Department, or Region (if applicable)		For Official Use Only	
Office of the Mayor		2023 JAN 20 P 4:02	
Designated Agency Contact (Name, Title)		CITY CLERK'S OFFICE	
Sarah Boren		Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number	E-mail	Date of Original Filing:	(month, day, year)
559-621-8000	sarah.boren@fresno.gov	559-621-8000	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 40.00

Event Description: 7th Annual Salute to MLK Luncheon Date(s) 01 / 14 / 26 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Fresno Metro Black Chamber Commerce

Name of Source

Was ticket distribution made at the behest Yes  No  If yes: \_\_\_\_\_

Official's Name (Last, First)

of agency official?

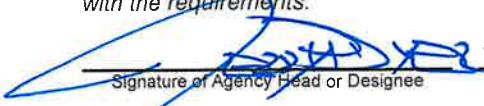
**3. Recipients**

• 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:		
Dyer, Jerry	1	Ceremonial Role <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
If checking "Ceremonial Role" or "Other" describe below:				
Opening Remarks				
Flores, Carmen & Sarah Boren	2	Ceremonial Role <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
If checking "Ceremonial Role" or "Other" describe below:				
Staffed the Mayor				
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		

**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.

 Jerry P. Dyer

Mayor

1/20/2026

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

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

**Print**

**Clear**