

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

**A Public Document**

1. Agency Name		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		2026 JAN 20 P 02	
Designated Agency Contact (Name, Title)		Amendment (Must Provide Explanation in Part 3.)	
Sarah Boren		CITY CLERK'S OFFICE	
Area Code/Phone Number	E-mail	Date of Original Filing: _____ (month, day, year)	
559-621-8000	sarah.boren@fresno.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 35.00

Event Description: West Fresno Ministerial Alliance MLK Date(s) 01 / 15 / 26 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Fresno Ministry  
Name of Source

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

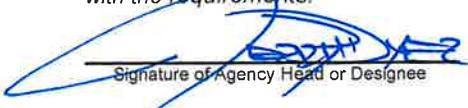
**3. Recipients**

• 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:		
			Ceremonial Role <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
Dyer, Jerry	1		If checking "Ceremonial Role" or "Other" describe below: Opening Remarks		
			Ceremonial Role <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
Ramirez, Fabiola	1		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.

  
Signature of Agency Head or Designee

Jerry P. Dyer

Print Name

Mayor

1/20/2026

(month, day, year)

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

**Print**

**Clear**