

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

A Public Document

1. Agency Name

City of Fresno

Division, Department, or Region (if applicable)

Office of the Mayor

Designated Agency Contact (Name, Title)

Sarah Boren

Area Code/Phone Number

559-621-8000

E-mail

sarah.boren@fresno.gov

Date Stamp

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California Form 802

For Official Use Only

☐ 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 \$ 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 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 <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

Title

1/20/2026

(month, day, year)

Comment: _____

Print

Clear