

**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

California  
Form

**802**

For Official Use Only

**RECEIVED**

2025 JUN 21 AM 11:15

011 Amendment (Must Provide Explanation in Part 3.)

**CITY CLERK'S OFFICE**

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 \$ 150.00

Event Description: SJVM Summit Date(s) 10 / 29 / 25 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: San Joaquin Valley Manufacturing Alliance  
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:		

Closing Remarks

B. Name of Individual (Last, First)	Number of Ticket(s)/Passes	Ceremonial Role <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
Furtado, Kelli, Rose, Sontaya, Flores, Carmer	1	<i>X</i>	<i>Furtado + Rose Staffed the Mayor (Carmer) - sat w/ Econ Dev. at city paid table.</i>	

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

11/6/2025

(month, day, year)

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

**Print**

**Clear**

FPPC Form 802 (2/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)