

**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)

Krystal Rios

Area Code/Phone Number

559-621-8000

E-mail

mayor@fresno.gov

Date Stamp  
**RECEIVED**

California  
Form

**802**

For Official Use Only

2026 FEB -2 AM 11:33

CITY OF FRESNO  
CLERK'S OFFICE

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 \$ 25.00

Event Description: Negociantes Unidos Breakfast Date(s) 01 / 21 / 26 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Fresno Area Hispanic Foundation  
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	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:		
		Keynote Speaker		
Flores, Carmen and Montelongo, Chris	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.

 Signature of Agency Head or Designee

Jerry P. Dyer

Print Name

Mayor

02/02/2026

(month, day, year)

Title

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

**Print**

**Clear**