

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

A Public Document

1. Agency Name		Date Stamp RECEIVED	California Form 802 For Official Use Only
City of Fresno		2026 FEB 26 P 4:58 CITY OF FRESNO CITY CLERK'S OFFICE	
Division, Department, or Region (if applicable)			
Office of the Mayor			
Designated Agency Contact (Name, Title)		Amendment (Must Provide Explanation in Part 3.)	
Krystal Rios, Executive Assistant		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
559-621-8000	mayor@fresno.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 80.00

Event Description: 2026 CEO of the Year Date(s) 02 / 24 / 26
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: The Business Journal
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:
Dyer, Jerry	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Guest Speaker
Fabiola Ramirez and Chris Montelongo	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Staffed 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
2/26/2026
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: _____

Print
Clear