

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp <b>RECEIVED</b>	<b>California Form 802</b>
City of Fresno		2026 FEB 26 P 4:59	For Official Use Only
Division, Department, or Region (if applicable)			
Office of the Mayor			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Krystal Rios, Executive Assistant		<b>CITY CLERK'S OFFICE</b>	
Area Code/Phone Number	E-mail	Date of Original Filing: _____ <small>(month, day, year)</small>	
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 \$ \_\_\_\_\_ 65.00

Event Description: FPOA Retirement Dinner Date(s) 01 / 24 / 26  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Fresno Police Officers Association  
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
Dyer, Diane	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Spouse Attended
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: \_\_\_\_\_