

**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 E-mail  
559-621-8000 mayor@fresno.gov

Date Stamp  
**RECEIVED**

2026 MAR 11 P 1:05

CITY OF FRESNO

Amendment. Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**California Form 802**

For Official Use Only

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 200

Event Description: Giving Thanks 2025 Date(s) 11 / 14 / 25  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: The Fresno Center  
*Name of Source*

Was ticket distribution made at the behest of agency official? Yes  No  If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

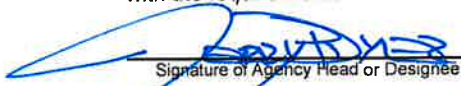
**3. Recipients**

• 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"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Keynote Speaker
Rose, Sontaya	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> 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

03/11/2026  
(month, day, year)

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

**Print** **Clear**