

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

A Public Document

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| 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 <div style="font-size: 2em; font-weight: bold; color: blue;">RECEIVE</div> 2026 MAR 24 AM 11:32 <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) CITY CLERK'S OFFICE Date of Original Filing: _____ <small>(month, day, year)</small> |
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2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 22.00

Event Description: Luncheon - Monthly Meeting Date(s) 08 / 11 / 25 _____ / _____ / _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Fresno Rotary
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 |
|---|-----------------------------|--|
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| | | |
| 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> |
| Schmidt, Sontaya | 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> 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 |
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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.

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|---|--|-------------------------------|---|
| <small>Signature of Agency Head or Designee</small> | Jerry P. Dyer <small>Print Name</small> | Mayor <small>Title</small> | 03/23/2026 <small>(month, day, year)</small> |
|---|--|-------------------------------|---|

Comment: _____