

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

**A Public Document**

<b>1. Agency Name</b> 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;">RECEIVED</div> <div style="font-size: 1.5em; color: blue;">2026 MAR 24 AM 11:32</div> California Form <b>802</b> For Official Use Only  <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 \$ \_\_\_\_\_ 25.00

Event Description: Monthly Meeting Luncheon      Date(s) 09 / 09 / 25      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Sons In Retirement  
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	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

**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.*

 _____ <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>
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Comment: \_\_\_\_\_