

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 2025 APR -8 P 1:19 CITY OF FRESNO	California Form 802 For Official Use Only
	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 100.00
 Event Description: 10th Power of Women in Business Date(s) 03 / 26 / 26
Provide Title/Explanation
 Ticket(s)/Pass(es) provided by agency? Yes No If no: Fresno Area Hispanic Foundation
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>
Flores, Carmen and Montelongo, Chris	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 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.


 _____ Jerry P. Dyer Mayor _____ 04/08/2026
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Print **Clear**