

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

A Public Document

1. Agency Name City of Fresno		Date Stamp RECEIVED	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Office of the Mayor		2025 APR 29 P 3:11	
Designated Agency Contact (Name, Title) Krystal Rios		<input checked="" type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number 559-621-8000	E-mail Mayor@fresno.gov	CITY CLERK'S OFFICE	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 \$ 350.00

Event Description: Saint Agnes Legacy Gala Date(s) 04 / 25 / 26
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Saint Agnes Men's Club
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	2	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Spouse Attended
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
04/29/2026
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: _____

Print **Clear**