

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

A Public Document

1. Agency Name		RECEIVED Date Stamp 2026 JUL 20 P 3:09 CITY OF FRESNO CITY CLERK'S OFFICE ☐ Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)
City of Fresno		
Division, Department, or Region (If Applicable)		
General Services Department		
Designated Agency Contact (Name, Title)		
Evelyn Yambupah, Senior Administrative Clerk		
Area Code/Phone Number	E-mail	
559-621-1487	facilitiesmgmt@fresno.gov	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 85.00

Event Description Fresno Grizzlies Baseball Skybox Date(s) 04 / 12 / 26
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

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

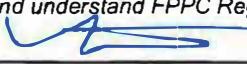
3. Recipients

• 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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Residents of Lowell Community	24	The residents of Lowell, a P3 neighborhood, received tickets

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.

 Karla Martinez Anal Assistant 04/9/2026
 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____