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)*

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

Date Stamp

2026 JUN 25 P 2:10

CITY OF FRESNO
CITY CLERK'S OFFICE

California Form 802

For Official Use Only

☐ **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 $ 75.00

Event Description Fresno Grizzlies Baseball Skybox *Provide Title/Explanation*

Date(s) 08 / 20 / 26 ___/___/___

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
Las Panchas	24	Showing appreciation to nonprofits in Fresno

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.

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Karla Martinez	Council Assistant	04/21/2026

Comment: _____