

**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) General Services Department Designated Agency Contact (Name, Title) Evelyn Yambupah, Senior Administrative Clerk <table style="width:100%;"> <tr> <td style="width:50%;">Area Code/Phone Number 559-621-1487</td> <td style="width:50%;">E-mail facilitiesmgmt@fresno.gov</td> </tr> </table>		Area Code/Phone Number 559-621-1487	E-mail facilitiesmgmt@fresno.gov	Date Stamp California Form 802 For Official Use Only ☐ Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)
Area Code/Phone Number 559-621-1487	E-mail facilitiesmgmt@fresno.gov			

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 Date(s) 05 / 28 / 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: Maxwell Tyler
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
Core Fresno 1940 N. Fresno St Fresno, CA. 93703	24/6	tickets provided to CARE Fresno to provide to families & volunteers thru service

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.

<u>Celeste Guirola</u> Signature of Agency Head or Designee	<u>Celeste Guirola</u> Print Name	<u>Council Assistant</u> Title	<u>05/26/2026</u> (Month, Day, Year)
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Comment: _____