

**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	<table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> Date Stamp </td> <td style="width:50%; vertical-align: top;"> <table style="width:100%;"> <tr> <td style="width:80%;">California Form</td> <td style="width:20%; font-size: 2em; font-weight: bold;">802</td> </tr> <tr> <td colspan="2" style="font-size: 0.8em;">For Official Use Only</td> </tr> </table> </td> </tr> </table> ☐ Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	Date Stamp 	<table style="width:100%;"> <tr> <td style="width:80%;">California Form</td> <td style="width:20%; font-size: 2em; font-weight: bold;">802</td> </tr> <tr> <td colspan="2" style="font-size: 0.8em;">For Official Use Only</td> </tr> </table>	California Form	802	For Official Use Only	
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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) 06 / 07 / 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: Dyer, Jerry _____
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
<u>Fresno Area Hispanic Foundation -</u> <u>1444 Fulton St.</u> <u>Fresno, CA 93721</u>	<u>24 Tickets</u> <u>to Parking</u>	<u>Non-profit Organization</u> <u>Appreciation</u>

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>[Signature]</u> Signature of Agency Head or Designee	<u>Krystal Rios</u> Print Name	<u>Exec Assistant</u> Title	<u>6/5/2026</u> (Month, Day, Year)
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