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

A Public Document

1. Agency Name City of Fresno		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) General Services Department			
Designated Agency Contact (Name, Title) Evelyn Yambupah, Senior Administrative Clerk			
Area Code/Phone Number 559-621-1487	E-mail facilitiesmgmt@fresno.gov	☐ 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 ☒Event Description Fresno Grizzlies Baseball Skybox
Provide Title/Explanation

75.00

\$ Date(s) 04 / 21 / 2026 _____/_____/_____Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐If no: _____
Name of SourceWas ticket distribution made at the behest of agency official? No ☐ Yes ☒If yes: Councilmember Brandon Wang
Official's Name (Last, First)

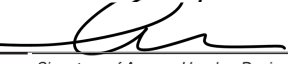
3. Recipients

• 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
	Jackson Elementary School 3750 E Platt Ave 93702	24	Supporting youth enrichment providing community engagement & providing recreational opportunities.

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	Carmen Iniguez Print Name	Deputy Chief of Staff Title	08/14/2026 (Month, Day, Year)
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Comment: _____