

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

A Public Document

1. Agency Name <u>City of Fresno</u>		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 ☐ Face Value of Each Ticket/Pass \$ 75.00

Event Description Fresno Grizzlies Baseball Skybox Date(s) 06 / 16 / 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: Office of CM Annalisa Perez
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
<u>OK</u>	<u>24</u>	<u>Appreciation for the community work in serving DL residents</u>
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

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] Laura Rios CS 6/15/20
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____