

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

A Public Document

|                                                                                                |                                            |                                                                                                                                                |                                                     |
|------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>1. Agency Name</b><br>City of Fresno                                                        |                                            | Date Stamp                                                                                                                                     | <b>California Form 802</b><br>For Official Use Only |
| <b>Division, Department, or Region</b> (If Applicable)<br>General Services Department          |                                            |                                                                                                                                                |                                                     |
| <b>Designated Agency Contact</b> (Name, Title)<br>Evelyn Yambupah, Senior Administrative Clerk |                                            |                                                                                                                                                |                                                     |
| <b>Area Code/Phone Number</b><br>559-621-1487                                                  | <b>E-mail</b><br>facilitiesmgmt@fresno.gov | <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)<br><b>Date of Original Filing:</b> _____<br>(Month, Day, Year) |                                                     |

**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 / 05 / 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: Arias, Miguel  
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.

| <b>A.</b> | <b>Name of Agency, Department or Unit</b>                                | <b>Number of Ticket(s)/Pass(es)</b> | <b>Describe the public purpose made pursuant to the agency's policy</b>                                                                                                                |
|-----------|--------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           |                                                                          |                                     |                                                                                                                                                                                        |
|           |                                                                          |                                     |                                                                                                                                                                                        |
| <b>B.</b> | <b>Name of Individual</b><br>(Last, First)                               | <b>Number of Ticket(s)/Pass(es)</b> | <b>Identify one of the following:</b>                                                                                                                                                  |
|           |                                                                          |                                     | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>     |
|           |                                                                          |                                     | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>     |
| <b>C.</b> | <b>Name of Outside Organization</b><br>(include address and description) | <b>Number of Ticket(s)/Pass(es)</b> | <b>Describe the public purpose made pursuant to the agency's policy</b>                                                                                                                |
|           | Fresno Area Hispanic Foundation<br>1444 Fulton Street, Fresno, CA 93721  | 24                                  | Appreciation for continued partnership with city-sponsored events like Fiestas Patrias & Downtown Ice Rink. Appreciation for providing technical assistance to small local businesses. |

## 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.

|                                                                                                                             |                             |                         |                                  |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------|----------------------------------|
| <br>Signature of Agency Head or Designee | Gabriela Olea<br>Print Name | Chief of Staff<br>Title | 06/05/2026<br>(Month, Day, Year) |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------|----------------------------------|

Comment: \_\_\_\_\_