

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 ☐ Face Value of Each Ticket/Pass \$ 75.00

Event Description Fresno Grizzlies Baseball Skybox Date(s) 07 / 02 / 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: Karbassi, Mike
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>Cornerstone Church</u>	<u>24</u>	<u>Encouragement for significant achievements of community benefit.</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] Alyssa Stevens Chief of Staff 4/29/26
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____