

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name		Date Stamp		California Form 802	
City of Fresno				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	E-mail			☐ Amendment (Must provide explanation in Part 3.)	
559-621-1487	facilitiesmgmt@fresno.gov			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 \$ 85.00

Event Description Fresno Grizzlies Baseball Skybox Date(s) 08 / 09 / 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 Cardinal member 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
Women in transportation Service	24	Appreciation of Volunteer work
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 the FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[Signature] Laura Rios COS 6-4-26
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____