

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

A Public Document

1. Agency Name

City of Fresno

Division, Department, or Region (if applicable)

Office of the Mayor

Designated Agency Contact (Name, Title)

Krystal Rios

Area Code/Phone Number

559-621-8000

E-mail

Mayor@fresno.gov

Date Stamp

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2026 SEP 28 A 10:23

California Form 802

For Official Use Only

☐ 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 \$ 175.00

Event Description: State of Affordable Housing

Date(s) 09 / 18 / 26

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Fresno Housing Authority

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_

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)/ Passes | Describe the public purpose made pursuant to the agency's policy                                                                                                                                |
|-------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                   |                             |                                                                                                                                                                                                 |
|                                                                   |                             |                                                                                                                                                                                                 |
|                                                                   |                             |                                                                                                                                                                                                 |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:                                                                                                                                                                  |
| Dyer, Jerry                                                       | 1                           | Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:                  |
| Flores, Carmen & Furtado, Kelli                                   | 2                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>Staffed Mayor |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | 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 of Agency Head or Designee

Jerry P. Dyer

Print Name

Mayor

Title

09/25/2026

(month, day, year)

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

Print

Clear