

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 \$ 85.00

Event Description Fresno Grizzlies Baseball Skybox Date(s) 09 / 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.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
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
	Chicano Youth Center 1515 E Divisadero St, Fresno, CA 93721	24	Appreciation of the organization's support of Fresno youth through resources, educational activities, civic engagement, food giveaways, recreational activities, etc.

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	Gabriela Olea Print Name	Chief of Staff Title	08/18/2026 (Month, Day, Year)
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Comment: _____