

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

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1. Agency Name		Date Stamp 2015 MAR 24 PM 4 42	California Form 802 For Official Use Only
City of Fresno			
Division, Department, or Region (If Applicable)		CITY CLERK, FRESNO CA	
Mayor's Office			
Designated Agency Contact (Name, Title)			
Yvonne Spence, City Clerk		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number	E-mail	Date of Original Filing: _____ (Month, Day, Year)	
(559) 621-8000	Mayor@Fresno.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 100.00

Event Description Fresno Hispanic Chamber Gala Date(s) 03 / 20 / 15 03 / 20 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Fresno Hispanic Chamber of Commerce
Name of Source

Was ticket distribution made at the behest of agency official? No Yes 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)/ 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:
Mayor Ashley Swearingin	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Mayor provided ceremonial speech
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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

(d)(5) _____ Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

_____ Kelli Furtado Deputy Chief of Staff 03/24/15
Signature Print Name Title (Month, Day, Year)

Comment: Staff provided advance work and took pictures, did not remain at event or receive any benefit.