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

**1. Agency Name**
City of Fresno
Division, Department, or Region (If Applicable)
Facilities Management Division
Designated Agency Contact (Name, Title)
Robin O'Malley, Facilities Management Manager

**Area Code/Phone Number** 559-621-1224
**E-mail** FacilitiesMgmt@fresno.gov

**2. Function or Event Information**
Does the agency have a ticket policy? Yes ☒ No ☐

**Event Description** Fresno Grizzlies Baseball Skybox
**Provide Title/Explanation**
**Face Value of Each Ticket/Pass $** 31.34
**Date(s)** 08/10/17

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Fresno Baseball, LLC
**Name of Source**
If yes: O'Malley, Robin Facilities Manager
**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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Media Access Collaborative</td>
<td>12</td>
<td>Non-profit organization</td>
</tr>
</tbody>
</table>

| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:  
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
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<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>


**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**
**Print Name**
**Title**
**Date** (Month, Day, Year)

**Comment:**

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)