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 E-mail
559-621-1224 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)
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Face Value of Each Ticket/Pass $ 31.34
Date(s) 08/24/17
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>Central California Adaptive Sports Center</td>
<td>12</td>
<td>For use by organization that provides mountain sports opportunities for persons with disabilities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</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>
<tbody>
<tr>
<td>PO Box 147, Shaver Lake, CA 93664</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</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
LISA COFFMAN
Print Name
BOllD MEMBUR
Title
5-8-17
(Month, Day, Year)

Comment: