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

### 1. Agency Name
City of Fresno  
Facilities Management Division  
**Designated Agency Contact** (Name, Title)
Robin O'Mallley, 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  
- **Face Value of Each Ticket/Pass $** 31.34  
- **Date(s)**  
06/27/17  
- **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐  
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑

### 3. Recipients
- **A. Name of Agency, Department or Unit**  
- **Number of Ticket(s)/Pass(es)**  
- **Describe the public purpose made pursuant to the agency's policy**

<table>
<thead>
<tr>
<th>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>
</table>

- **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:**

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robin O'Mallley, Facilities Management Manager</td>
<td>12</td>
<td>Ceremonial Role</td>
<td>☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

- **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**

<table>
<thead>
<tr>
<th>Name of Outside Organization</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>Educational Parents</td>
<td>12</td>
<td>For fundraising for Annual Fiesta de los Ninos, non-profit.</td>
</tr>
</tbody>
</table>

### 4. Verification
- **Signature of Agency Head or Designee**  
- **Print Name**  
- **Title**  
- **Date**  
06/3/17  

**Comment:**

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FPPC Form 802 (4/12)  
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