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

### 1. Agency Name
City of Fresno  
Facilities Management Division  
Robin O'Malley, Facilities Management Manager  
559-621-1487 FacilitiesMgmt@fresno.gov

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description:** Fresno Grizzlies Baseball Skybox  
- **Face Value of Each Ticket/Pass:** $31.34
- **Date(s):** 05/05/17
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
- **Was ticket distribution made at the behest of agency official?** No [x] Yes [ ]

### 3. Recipients

<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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| B. Name of Individual | Number of Ticket(s)/Pass(es) | Identify one of the following:  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last, First)</td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>
|                   |                            | If checking "Ceremonial Role" or "Other" describe below:  
|                   |                            | Ceremonial Role [ ] Other [ ] Income [ ] |
|                   |                            | If checking "Ceremonial Role" or "Other" describe below:  
|                   |                            | Ceremonial Role [ ] Other [ ] Income [ ] |

| 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></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Economic Opportunities Commission</td>
<td>12</td>
<td>Promotion of events/activities supported by the City of Fresno</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: [signature]  
Print Name: [name]  
Title: [title]  
Date (Month, Day, Year): 06/21/17

Comment: ______________________

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