### 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

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

**Date of Original Filing:** (Month, Day, Year)

**2. Function or Event Information**

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☑ No ☐</th>
<th>Face Value of Each Ticket/Pass $</th>
<th>31.34</th>
</tr>
</thead>
</table>

Event Description: Fresno Grizzlies Baseball Skybox  
**Date(s)**: 08/16/17  
**Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐  
**Was ticket distribution made at the behest of agency official?** No ☑ Yes ☐

**Name of Source**  
If no: Fresno Baseball, LLC  
If yes: O'Malley, Robin Facilities Manager  
**Official's Name (Last, First)**

**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><strong>Poverello House</strong></td>
<td>12</td>
<td>Staff appreciation</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>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: Noella Connal  
Title: SEC ASS'T  
(Month, Day, Year)

Comment: --------------------------------------------