# 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 ☐  
   Face Value of Each Ticket/Pass $ 31.34  
   Event Description  
   Fresno Grizzlies Baseball Skybox  
   Date(s) 08/18/17  
   Ticket(s)/Pass(es) provided by agency?  
   Yes ☐ No ☑  
   If no: Fresno Baseball, LLC  
   Name of Source  
   Official's Name (Last, First)  
   O'Malley, Robin Facilities Manager

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.

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

   **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:

   **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

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:  
   (Month, Day, Year)

Comment:
### 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
- **Face Value of Each Ticket/Pass** $31.34
- **Date(s)**  
  05/21/17
- **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑
  - **Official’s Name**  
    O'Malley, Robin Facilities Manager

**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

- **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:
    - Ceremonial Role ☑ Other ☐ Income ☐
      - If checking “Ceremonial Role” or “Other” describe below:

- **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

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.

**Execution Date**  
5-6-17

**Comment:**

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

**1. Agency Name**
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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
- **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>05 / 16 / 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face Value of Each Ticket/Pass</td>
<td>$31.34</td>
</tr>
</tbody>
</table>

**3. Recipients**

**A.** Name of Agency, Department or Unit

<table>
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<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>
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**B.** Name of Individual

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<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
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- **Identify one of the following:**
  - Ceremonial Role ☑ Other ☐ Income ☐
  - Ceremonial Role ☐ Other ☐ Income ☑

**C.** Name of Outside Organization

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

**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]

Comment:

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

### 1. Agency Name
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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
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<td>Event Description</td>
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<td>Ticket(s)/Pass(es) provided by agency?</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
</tr>
</tbody>
</table>

| Face Value of Each Ticket/Pass | $31.34 |
| Date(s) | 06/20/17 |
| Name of Source | Fresno Baseball, LLC |
| Official's Name (Last, First) | O'Malley, Robin Facilities Manager |

### 3. Recipients

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

#### B. Number of Name of Individual (Last, First) Ticket(s)/Pass(es)
Identify one of the following:
- Ceremonial Role [ ]
- Other [ ]
- Income [ ]

If checking "Ceremonial Role" or "Other" describe below:

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

Lowell Community Develop. Corp. 12

### 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
Esther Delahay, Exec. Director 4/26/2017

Comment:

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Ceremonial Role Events and Ticket/Pass Distributions

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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 ☐
Face Value of Each Ticket/Pass $ 31.34
Event Description Fresno Grizzlies Baseball Skybox
Date(s) 05 / 30 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
Name of Source Fresno Baseball, LLC
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
Official's Name (Last, First) O'Malley, Robin Facilities Manager

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.

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

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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 (Month, Day, Year)
Comment:

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Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
City of Fresno
Facilities Management Division
Robin O'Malley, Facilities Management Manager

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) 08/25/17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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.

A. Name of Agency, Department or Unit
Number of Ticket(s)/Pass(es)
Describe the public purpose made pursuant to the agency’s policy

B. Name of Individual (Last, First)
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
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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 Designee
Print Name
City Director
Title
Date (Month, Day, Year)

Comment: 

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