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 Manager
Area Code/Phone Number 559-621-1487
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
Provide Title/Explanatlon
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) 04/14/2018
Name of Source Fresno Baseball, LLC
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.

<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>Council District 6</td>
<td>12</td>
<td>Community Engagement</td>
</tr>
</tbody>
</table>

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

<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.

Nicole DeMera, Chief of Staff
Signature of Agency Head or Designee
Print Name
Title
4/14/18
(Month, Day, Year)

Comment: ____________________________