**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

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**2. Function or Event Information**

- **Does the agency have a ticket policy?** Yes [X] No [ ]
- **Face Value of Each Ticket/Pass** $31.34
- **Event Description:** Fresno Grizzlies Baseball Skybox
- **Date(s):** 05/23/18
- **Ticket(s)/Pass(es) provided by agency?** Yes [X] No [ ]
- **If no:** Fresno Baseball, LLC
- **If yes:** O'Malley, Robin Facilities Manager

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**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**
Economic Development Department (Larry Westerlund)

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>(Traded tickets from District 4)</td>
</tr>
</tbody>
</table>

**B. Name of Individual**

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</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>

**C. Name of Outside Organization**

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
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<tbody>
<tr>
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</table>

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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**
Kathy Wilson

**Print Name**
Kathy Wilson

**Executive Assistant**

<table>
<thead>
<tr>
<th>Title</th>
<th>5/23/18 (month, day, year)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Comment:**

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FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)