### 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 [x] No [ ]  
- **Event Description:** Fresno Grizzlies Baseball Skybox  
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]  
- **Was ticket distribution made at the behest of agency official?** Yes [x] No [ ]

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face Value of Each Ticket/Pass</td>
<td>$31.34</td>
</tr>
<tr>
<td>Date(s)</td>
<td>04/29/18</td>
</tr>
</tbody>
</table>

#### 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**

<table>
<thead>
<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>
</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>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
</table>

- **C. Name of Outside Organization**  
- **Number of Ticket(s)/Pass(es)**  
- **Describe the public purpose made pursuant to the agency's policy**

<table>
<thead>
<tr>
<th>Name of Outside Organization</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>Roosevelt High School Girls Baseball Team</td>
<td>12</td>
<td>Promotion of events supported by the City of Fresno for deserving youth determined by school.</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: 4/29/18

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)