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

**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 ☑ 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 ☑  

**Face Value of Each Ticket/Pass**  
$31.34  
**Date(s)**  
05 / 01 / 19  

**Name of Source**  
Fresno Baseball, LLC  
**Official’s Name (Last, First)**  
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  
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>Youth Leadership Institute</td>
<td>12</td>
<td>team-building</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 ☐  
  - 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

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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**  
Jose Espinoza  
**Print Name**  
Program Coordinator  
**Title**  
5/11/19  
**(Month, Day, Year)**

**Comment:**

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FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)