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 E-mail
559-621-1487 FacilitiesMgmt@fresno.gov

2. Function or Event Information
Does the agency have a ticket policy? 
Yes ☑ No ☐
Face Value of Each Ticket/Pass $ __________
Event Description Fresno Grizzlies Baseball Skybox
Provide Title/Explanation
Date(s) 05 / 13 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: Fresno Baseball, LLC
Name of Source
If yes: O’Malley, Robin Facilities Manager
Official’s Name (Last, First)
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.

<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></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last, First)</td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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</tbody>
</table>

<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>
<tbody>
<tr>
<td>Community Media Access Call AR 1555 Van Ness, Non-profit</td>
<td>12</td>
<td>Promotion of CMAC, non-profit organization</td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18444.1 and 18442. 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: ________________________________

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