

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

A Public Document

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|--|---------------------------|--|--|
| 1. Agency Name | | Date Stamp | California Form 802 <small>For Official Use Only</small> |
| City of Fresno | | | |
| Division, Department, or Region <i>(If Applicable)</i> | | | |
| Facilities Management Division | | | |
| Designated Agency Contact <i>(Name, Title)</i> | | | |
| Robin O'Malley, Facilities Manager | | <input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> | |
| Area Code/Phone Number | E-mail | Date of Original Filing: _____ <small>(Month, Day, Year)</small> | |
| 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 \$ _____ **13.00**

Event Description Fresno Monsters Date(s) 1 / 17 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Fresno Monsters
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: O'Malley, Robin Facilities Manager
Official's Name (Last, First)

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 |
|---|------------------------------|--|
| | | |
| | | |
| B. Name of Individual <small>(Last, First)</small> | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization <small>(include address and description)</small> | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| <u>St. Raphael's Covenant Church</u> | <u>10</u> | <u>YOUTH EMPOWERMENT FOR AT-RISK CHILDREN</u> |
| | | |

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.

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|---|---------------------------|----------------------|-----------------------------------|
| | <u>PHIL SKEI</u> | <u>CO-PASTOR</u> | <u>1/11/19</u> |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |