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

A Public Document

	Date Stamp	California Form **802**
		For Official Use Only

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

☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: _____
(Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy?   Yes ☒   No ☐

Event Description __Fresno Football Club Skybox__
Provide Title/Explanation

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) 04 / 13 / 19   ___ / ___ / ___

If no: __Fresno Football Club__
Name of Source

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
City of Fresno, Mayors Ofc.	12	Employee Recognition

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

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	Kelly Trevino *Print Name*	Econ. Dev. Analyst *Title*	4/15/19 *(Month, Day, Year)*

Comment: _____