

Step or FC007 Sean

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
City of Fresno			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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 \$ \_\_\_\_\_ 31.34

Event Description Fresno Grizzlies Baseball Skybox Date(s) 05 / 01 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Fresno Baseball, LLC  
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
<u>Youth Leadership Institute</u>	<u>12</u>	<u>team-building</u>

B. Name of Individual (Last, First)	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 (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] Jose Espinoza Program Coordinator 5/01/19  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)