

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

A Public Document

<b>1. Agency Name</b> 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		Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ <span style="font-size: small;">(Month, Day, Year)</span>	

**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) 07 / 17 / 18  
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>ECC Economic Opportunity Commission #300/1920 Mariposa Mall Fresno CA 93721</u>	<u>12</u>	<u>Promotion of events supported by City of Fresno</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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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.

Luis Chavez
Council member
7/13/18  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)