

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
City of Fresno			For Official Use Only
Division, Department, or Region (If Applicable)			
Facilities Management Division			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <small>(Month, Day, Year)</small>	
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) 07 / 19 / 18  
Provide Title/Explanation

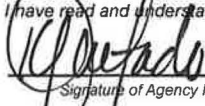
Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Fresno Baseball, LLC  
Name of Source

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>Development + Resource Mgt. Dpt.</u>	<u>12</u>	<u>Recognition of meritorious Service by City employees to promote performance/morale.</u>
<u>Code Enforcement Division</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.

      Kelli Furtado      Assist. Director      5.23.18  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

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Comment: \_\_\_\_\_