Agency Report of: nte and Ticket/Pass Distributions

ature of Agency Head or Designee

Comment: _

eremonial Role Events and	u nickeurass	Distributions		A Public Documen
Agency Name			Date Stamp	California 802
City of Fresno				Form OUZ For Official Use Only
Division, Department, or Region (If A)	Division, Department, or Region (If Applicable)			
Facilities Management Division				
Designated Agency Contact (Name, Ti	-			
Robin O'Malley, Facilities Manager				
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
	iesMgmt@fresno.g	jov	Date of Original Filing	:(Month, Day, Year)
Function or Event Information	1			
Does the agency have a ticket policy	? Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	31.34
Event Description Fresno Grizzlies	Baseball Skybox	Data(a) 07	<u>′ , 19 , 18</u>	1 1
	Title/Explanation	Date(s)		
Ticket(s)/Pass(es) provided by agend	y? Yes□ No	If no: Fresh	o Baseball, LLC	
				Source
Was ticket distribution made at the be of agency official?	ehest No 🗌 Yes	If yes:	Iley, Robin Facilities Official's Name	
• Use Section A to identify the agency's depart	mont or unit of Use Sec	tion B to identify an individu	ual a Use Section C to ide	ntify an outside organization
	Number of			
A. Name of Agency, Department or Uni	t Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursua	nt to the agency's policy
Development + Resource M	a. Dat 12	Recognition o	f meritorious:	Service by Cuty
Code Enforcement Dia	sion	employees to	promote per	r formance/mora
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	0	Identify one of the follo	wing:
		Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below	ſ.
				×
		Ceremonial Role	Other	Income
		and the second sec	ial Role" or "Other" describe below	
-	Nuture			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	olic purpose made pursua	nt to the agency's policy
(include address and description) Pass(es)				
Verification				
Verification	944,1 and 18942. I have ve	arified that the distribution set f	orth above, is in accordance v	with the requirements.

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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

			1001 400	Biotributionio		A Public Document
÷	Agency Name				Date Stamp	California 802
	City of Fresno					ronn
	Division, Department, or Region (If Applicable)					For Official Use Only
	Facilities Management Divis	sion				
	Designated Agency Contact (Name, Title)					
	Robin O'Malley, Facilities Manager					
	Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)		
	559-621-1487	FacilitiesMg	mt@fresno.g	jov	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				04.04
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	31.34
	Event Description Fresno Gr	izzlies Baseba	all Skybox	Date(s)8	, 12 , 18	1 1
		Provide Title/Expl	lanation	Duto(0)		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Fresho	Baseball, LLC	
				Name of Sou	1.00	
	Was ticket distribution made at the behest No Yes If yes: <u>O'Mal</u> of agency official?			Iley, Robin Facilities M Official's Name (L	anayei ast, First)	
						N (2017)
3.	• Use Section A to identify the agenc	v's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to identi	ify an outside organization.
	Number of Describe the set		lic purpose made pursuant			
	A. Name of Agency, Departing		Ticket(s)/ Pass(es)	Describe the pub	ne purpose made pursuant	to the agency's policy
	DARM- Code	÷	12	Recognition	of meritoriou	us Service In
				Coty employ	kes to primit	us Service by perfirmance/mi
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role		Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
;						
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
	C. Name of Outside Organization Number of Ticket(s)/				40 4ba anan 1 11	
	(include address and description) Ticket(s)/ Description		Describe the pub	lic purpose made pursuant	to the agency's policy	
10						
	*					

Kelli Furfado Print Name Rei Viene Assist. Durector 8 ncy Head or Designee (Month, Day, Year) Comment: _

A D. L.C. D.