Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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Agency Name City of Fresno				California 802	
				For Official Use Only	
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ment Division					
y Contact (Name, Title)					
acilities Manager	A and and the same state of th				
Area Code/Phone Number E-mail				Amendment (Must provide explanation in Part 3.)	
21-1487 FacilitiesMgmt@fresno.gov			Date of Original Filing:(Month, Day, Year)		
ent Information				24.24	
	Yes⊠ No□	Face Value of	of Each Ticket/Pass \$ _	31.34	
provided by agency?	Ves□ No 🕅	If no: Fresno	Baseball, LLC		
			Name of Se		
	t No ☐ Yes ☒	If yes: O'Ma	ney, Robin Facilities	Manager	
	020		Omciai s ivame	Last, Filst)	
		- A 1-A - A1-P			
A. Name of Agency, Department or Unit Ticket(s)/				t to the agency's policy	
the Inferred	1/2	Empayee	ways. y	Staff Day	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
				Income	
				Income	
	Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuan	t to the agency's policy	
ress and description)	Pass(es)			ith the requ <mark>ire</mark> ments,	
	ement Division y Contact (Name, Title) Facilities Manager Number	y Contact (Name, Title) Facilities Manager Number	rement Division y Contact (Name, Title) Facilities Manager Number E-mail FacilitiesMgmt@fresno.gov ent Information ave a ticket policy? Yes No Face Value of Title Fresno Grizzlies Baseball Skybox Date(s) O7 Provided Title Fresno Grizzlies Baseball Skybox Date(s) O7 Provided by agency? Yes No If no: Fresno Grizzlies Baseball Skybox Date(s) O7 Provided by agency? Yes No If no: Fresno Grizzlies Baseball Skybox Date(s) O7 Provided by agency? Yes No If no: Fresno Grizzlies O7 It yes O7 It	Amendment (Must, Statistics Statistics	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form City of Fresno For Official Use Only Division, Department, or Region (if applicable) **Facilities Management Division** Designated Agency Contact (Name, Title) Robin O'Malley, Facilities Manager Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 559-621-1487 FacilitiesMamt@fresno.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 31.34 Does the agency have a ticket policy? Yes ☒ No ☐ Event Description: Fresno Grizzlies Baseball Skybox Date(s) _ 06 / Provide Title/ Explanation If no: Fresno Baseball, LLC Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source If yes: O'Malley, Robin Facilities Manager Was ticket distribution made at the behest Yes ☑ No ☐ Official's Name (Last, First) of agency official? 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. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes (1540 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

Nelson Esparza Comulments

Title (month, day, year)

Comment:

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ordinating, ridio Everito				A Fublic Document
. Agency Name		Date Stamp	California 802	
City of Fresno				TOTTI
Division, Department, or Region	(If Applicable)		For Official Use Only	
Facilities Management Division	1			
Designated Agency Contact (Nar				
Robin O'Malley, Facilities Mana	Sold to discovery			
			Amendment (Must pi	rovide explanation in Part 3.)
The Committee of the Co			Date of Original Filing:	
Function or Event Informa		904		(Month, Day, Year)
Does the agency have a ticket po		□ Face \/alue o	f Each Ticket/Pass \$	31.34
Event Description Fresno Grizzi	ovide Title/Explanation	Date(s)		
F	ovide Title/Explanation	Freenc	Racoball II.C	
Ticket(s)/Pass(es) provided by a	gency? Yes ☐ No	If no: Tresito	Baseball, LLC Name of Soil	urce
Was ticket distribution made at th	ne behest No ☐ Yes	⊠ If you. O'Mal	lley, Robin Facilities M	
of agency official?	NO ☐ Tes	□ II yes:	Official's Name (L	ast, First)
Recipients				
Use Section A to identify the agency's of the section A to identify the agency agency and the section A to identify the agency age	department or unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department of	Number of	Describe the pub	lic purpose made pursuant	to the agency's policy
74. Name of Agency, Department	Ticket(s)/	Describe the pub		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role If checking "Ceremoni	Other Dial Role" or "Other" describe below:	Income
		Ceremonial Role	Other Dial Role" or "Other" describe below:	Income
C. Name of Outside Organizat (include address and descrip		Describe the pub	lic purpose made pursuant	to the agency's policy
F Doubrs Aco	Sons 12	high sch	of youth 1	n Fresvo
Verification I have read and understand FPPC Regulation	ns 18944.1 and 18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	h the requirements.
Signature of Agency Head or Designee	Print Nam	<u>C</u> sparza	Title Title	(Month, Day, Year)
Comment:				

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Agency Name			Date Stamp	California 802		
City of Fresno				Form For Official Use Only		
Division, Department, or Region (If App	licable)		Ī	For Official Use Only		
Facilities Management Division						
Designated Agency Contact (Name, Title	9)					
Robin O'Malley, Facilities Manager						
Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)			
559-621-1487 FacilitiesMgmt@fresno.gov			Date of Original Filing:(Month, Day, Year)			
Function or Event Information	ggg			(Month, Day, Year)		
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		_				
Event Description Fresno Grizzlies Ba	tle/Explanation	Date(s)	27 19			
		_ Fresno	Baseball, LLC			
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Was ticket distribution made at the beh	nest No ☐ Yes [XI If yes. O'Ma	lley, Robin Facilities Manager			
of agency official?	NO LI TES E	∆ 11 yes	Official's Name (Last, First)			
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(Last, First)	Pass(es)		<u></u>			
		Ceremonial Role If checking "Ceremon	☐ Other ☐ ial Role" or "Other" describe below	Income L		
		Ceremonial Role	Other	Income 🗌		
		іг спескілд Сегетоп	ial Role" or "Other" describe below	:		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy		
s And Girls Club	510	CIVIL & CO Fresmo	munity ev	ngagement for		
Verification						
I have read and understand FPPC Regulations 1894	Jelson E	ESPARZA 1	Cowal Mew	De- 0/58/50		
Signature of Agency Head or Designee	Print Name		fille	(Month, Day, Year)		
Commont						
Comment:				EDDO E		