

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ **13.00**

Event Description Fresno Monsters Date(s) 11 / 16 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Fresno Monsters
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 |
|---|------------------------------|---|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| <u>Ryan Thompson</u> | <u>11</u> | Ceremonial Role <input type="checkbox"/> Other <input checked="" 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.

| | | | |
|---|---|---|--|
| <small>Signature of Agency Head or Designee</small> | <u>Luis Chavez</u> <small>Print Name</small> | <u>Council member</u> <small>Title</small> | <u>11/16/18</u> <small>(Month, Day, Year)</small> |
|---|---|---|--|

Comment: _____