

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

**A Public Document**

<b>1. Agency Name</b> City of Fresno <hr/> <b>Division, Department, or Region</b> (if applicable) Facilities Management Division <hr/> <b>Designated Agency Contact</b> (Name, Title) Robin O'Malley, Facilities Manager <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;"><b>Area Code/Phone Number</b></td> <td style="border: none;"><b>E-mail</b></td> </tr> <tr> <td style="border: none;">559-621-1487</td> <td style="border: none;">FacilitiesMgmt@fresno.gov</td> </tr> </table>		<b>Area Code/Phone Number</b>	<b>E-mail</b>	559-621-1487	FacilitiesMgmt@fresno.gov	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Date Stamp</td> <td style="border: none; text-align: right;"><b>California Form 802</b></td> </tr> <tr> <td colspan="2" style="border: none; text-align: center;">For Official Use Only</td> </tr> <tr> <td colspan="2" style="border: none; padding-top: 10px;"> <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)                 </td> </tr> <tr> <td colspan="2" style="border: none; padding-top: 10px;">                     Date of Original Filing: _____                      (month, day, year)                 </td> </tr> </table>	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: _____ (month, day, year)	
<b>Area Code/Phone Number</b>	<b>E-mail</b>													
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: _____ (month, day, year)														

**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) 05 / 15 / 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?    Yes  No     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)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Marjaree Mason Center (staff)	12	Non-Profit Agency

**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	Kathy Wilson Print Name	Executive Assistant Title	5/15/18 (month, day, year)
--	----------------------------	------------------------------	-------------------------------

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