

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

**A Public Document**

<b>1. Agency Name</b> City of Fresno <b>Division, Department, or Region</b> (if applicable) Facilities Management Division <b>Designated Agency Contact</b> (Name, Title) Robin O'Malley, Facilities Manager <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) 06 / 09 / 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
Rental Housing Division	12	
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"/> <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)/ Passes	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.*

 Signature of Agency Head or Designee	Kathy Wilson Print Name	Executive Assistant Title	6/9/18 (month, day, year)
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Comment: \_\_\_\_\_