

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
City of Fresno			
Division, Department, or Region <i>(If Applicable)</i>			
Facilities Management Division			
Designated Agency Contact <i>(Name, Title)</i>			
Robin O'Malley, Facilities Manager		<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i>	
Area Code/Phone Number	E-mail	Date of Original Filing: _____ <i>(Month, Day, Year)</i>	
559-621-1487	FacilitiesMgmt@fresno.gov		

**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) 07 / 27 / 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?    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 <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	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 <i>(include address and description)</i>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Central California Adaptive Sports Center</u>	<u>12</u>	<u>Providing outdoor recreation opportunities to persons with disabilities.</u>

**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.*

      Lisa Coffman      Secretary of SOD      5/4/18  
*Signature of Agency Head or Designee*      *Print Name*      *Title*      *(Month, Day, Year)*