

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

A Public Document

1. Agency Name 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 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 <i>(Must provide explanation in Part 3.)</i> 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) 07 / 29 / 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
<i>Break the Barriers</i>	<i>12</i>	<i>FUNDRAISER</i>
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <small>(Include address and description)</small>	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

<i>Deby Hergenrader</i>	<i>Deby Hergenrader</i>	<i>CEO/co-Founder</i>	<i>4/30/18</i>
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)