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

| - | D | | | | ent | |
|----|---|---|--|------------|---------|--|
| 44 | | m | | αc | on: | |
| | | | | | | |

| 1. <i>A</i> | Agency Name | | Date Stamp California Q 0 2 | | | | | | |
|--------------------------|--|-------------------------------------|--|----------------------------|--|--|--|--|--|
| C | City of Fresno | | | Form OUZ | | | | | |
| D | ivision, Department, or Regi | on (If Applicable | | For Official Use Only | | | | | |
| F | acilities Management Divisi | ion | | | | | | | |
| | esignated Agency Contact (/ | | | | | | | | |
| F | Robin O'Malley, Facilities Ma | anagement M | | | | | | | |
| A | rea Code/Phone Number | E-mail | Amendment (Must provide explanation in Part 3.) | | | | | | |
| 559-621-1487 FacilitiesM | | | mt@fresno.g | jov | Date of Original Filing:(Month, Day, Year) | | | | |
| 2. F | unction or Event Inform | nation | | | | | | | |
| D | oes the agency have a ticket | policy? | Yes ☑ No ☐ Face Value of | | of Each Ticket/Pass \$ 31.34 | | | | |
| E | vent Description Fresno Griz | zzlies Baseba | all Skybox | Date(s)05 | 55 | | | | |
| Ti | icket(s)/Pass(es) provided by | agency? | Yes ☐ No | Fresno | o Baseball, LLC Name of Source | | | | |
| | as ticket distribution made at | t the behest | No ☐ Yes | If ves: O'Mal | lley, Robin Facilities Manager | | | | |
| 0 | of agency official? | | 11 yes | | Official's Name (Last, First) | | | | |
| 3. R | 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, Departmen | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy | | | | | | |
| _ B | Name of Individual | Number of Ticket(s)/ Pass(es) | | Identify one of the follow | ing: | | | | |
| | | | | Ceremonial Role [| Other all Role" or "Other" describe below: | Income | | | |
| | | | | Ceremonial Role | Other all Role* or *Other* describe below: | Income | | | |
| C | Name of Outside Organi (include address and desc | | Number of Ticket(s)/ Pass(es) | Describe the publ | lic purpose made pursuant | to the agency's policy | | | |
| \(\bar{2}\) | Commission Commission 1920 MARIPO 7/300 FRESNO | ISA MACL | /2 | Providion of | of events/AC | tivities supported | | | |
| <i>l hi</i> | erification ave read and understand FPPC Regula Signature of Agency Head or Designee | ations 18944.1 and | I 18942. I have ver | ence Co | orth above, is in accordance with above, is in accordance with the control of the | th the requirements. (Month, Day, Year) | | | |