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

**A Public Document** 

					NO BELLE CE. C. E. C. P. PORTAGENER LAND	
Agency Name				Date Stamp	California 802	
City of Fresno					Form 002	
Division, Department, or Region (If Applicable)					For Official Use Only	
Facilities Management Division						
Designated Agency Contact (Name, Title)						
Robin O'Mallley, Facilities Management Manager						
· · ·				Amendment (Must provide explanation in Part 3.)		
559-621-1224	FacilitiesMg	mt@fresno.go	v	Date of Original Filing: _	(Month, Day, Year)	
Function or Event Inform	nation					
Does the agency have a ticket policy? Yes 🛛 No 🗌			] Face Value o	f Each Ticket/Pass \$	31.34	
Event Description Fresno Gri	zlies Baseball Skybox		Date(s) 07	Date(s) 22 17 //		
	Provide Title/Explanation					
Ticket(s)/Pass(es) provided by agency?		Yes No X If no: Fresh		Baseball, LLC		
		0'M				
	No Yes If yes:		Official's Name (La	ast, First)		
	/'s department or	unit. • Use Sectio	on B to identify an individu	ual. • Use Section C to identi	fy an outside organization.	
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy		
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following:		
					Income	
			in checking Ceremon	a Role of Other describe below.		
					Income	
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	e public purpose made pursuant to the agency's policy		
Verification						
	City of Fresno Division, Department, or Regi Facilities Management Divis Designated Agency Contact ( Robin O'Mallley, Facilities M Area Code/Phone Number 559-621-1224 Function or Event Inform Does the agency have a ticke Event Description Fresno Gri Ticket(s)/Pass(es) provided by Was ticket distribution made a of agency official? Recipients •Use Section A to identify the agency A. Name of Agency, Departme B. Name of Individua (Last, First) C. Name of Outside Organ	City of Fresno Division, Department, or Region (If Applicable Facilities Management Division Designated Agency Contact (Name, Title) Robin O'Mallley, Facilities Management M Area Code/Phone Number 559-621-1224 FacilitiesMg Function or Event Information Does the agency have a ticket policy? Event Description Fresno Grizzlies Baseb Provide Title/Exp Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients •Use Section A to identify the agency's department or A. Name of Agency, Department or Unit B. Name of Individual (Last, First) C. Name of Outside Organization	City of Fresno Division, Department, or Region (If Applicable) Facilities Management Division Designated Agency Contact (Name, Title) Robin O'Mallley, Facilities Management Manager Area Code/Phone Number 559-621-1224 E-mail 559-621-1224 FacilitiesMgmt@fresno.go Function or Event Information Does the agency have a ticket policy? Yes X No Event Description Fresno Grizzlies Baseball Skybox Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Vas ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. Use Section A. Name of Individual (Last, Fret) B. Name of Individual (Last, Fret) C. Name of Outside Organization Ticket(s)/ Number of Ticket(s)/	City of Fresno         Division, Department, or Region (If Applicable)         Facilities Management Division         Designated Agency Contact (Name, Title)         Robin O'Mallley, Facilities Management Manager         Area Code/Phone Number         E-mail         559-621-1224         FacilitiesMgmt@fresno.gov         Function or Event Information         Does the agency have a ticket policy?         Yes ⊠ No □       Face Value of         Event Description       Fresno Grizzlies Baseball Skybox         Date(s)       Date(s)         Provide Title/Explanation       Date(s)         Ticket(s)/Pass(es) provided by agency?       Yes □       No □         Vas ticket distribution made at the behest of agency official?       No □       Yes ⊠         Recipients       • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual         (text, first)       Describe the pub       Describe the pub         B.       Name of Individual       Number of Ticket(s)/ Pass(es)       Ceremonial Role         If checking "Ceremon       Ceremonial Role       If checking "Ceremon         If checking "Ceremon       Ceremonial Role       If checking "Ceremon         Con agency of Outside Organization       Ticket(s)/	City of Fresno         Division, Department, or Region (If Applicable)         Facilities Management Division         Designated Agency Contact (Name, Title)         Robin O'Mallley, Facilities Management Manager         Area Code/Phone Number       E-mail         559-621-1224       FacilitiesMgmt@fresno.gov         Function or Event Information         Does the agency have a ticket policy?       Yes 🖾 No 🗌         Fesno Grizzlies Baseball Skybox       Date of Original Filing: -         Event Description       Fresno Grizzlies Baseball Skybox       Date(s) 07 _ 22 _ 17         Robid Stribution made at the behest       No 🗌 Yes 🖾 No 🗌       If no: Fresno Baseball, LLC         Name of Sou       Name of Sou       If yes: O'Malley, Robin Facilities Mail         Official?       No 🗌 Yes 🖾 No 🗌 Yes வ if yes: O'Malley, Robin Facilities Mail         Official?       No 🔄 Yes 🖄 No 🔄 Yes வ if yes: O'Malley, Robin Facilities Mail         Official?       No 🔄 Yes 🖄 No 🔄 Yes வ identify an individual.       • Use Section A to identify the agency's department or unit.         • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an individual.       • Use Section C to identify an individual.       • Use Section C to identify the agency's department or unit.       • Use Sectibe the public purpose made pursuant theast	

4. Verification

I have read and understand FPC Regulations 1894.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: