

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

A Public Document

<b>1. Agency Name</b> City of Fresno		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable) Facilities Management Division			
Designated Agency Contact (Name, Title) Robin O'Malley, Facilities Manager		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Area Code/Phone Number 559-621-1487	E-mail 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) 08 / 29 / 19  
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
<u>Roosevelt planning Commission 2600 Fresno St Fresno, CA 93721</u>	<u>12</u>	<u>for committee members to watch game for their volunteerism on the committee</u>
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>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)/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.

[Signature]      Luis Chavez      Council member      8/30/2019  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)