

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
City of Fresno			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"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number	E-mail	Date of Original Filing: _____	
559-621-1487	FacilitiesMgmt@fresno.gov	(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) 06 / 17 / 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
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 <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>SEFCO A</u> <u>3362 E Bollet</u> <u>Fresno, CA 93702</u>	12	<u>for non-profit to watch a game for their volunteer program</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.

[Signature] Luis Chavez Council member 6/29/2019
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)