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

A Public Document

	Date Stamp	California Form **802**

For Official Use Only

1. Agency Name

City of Fresno

Division, Department, or Region *(If Applicable)*

Facilities Management Division

Designated Agency Contact *(Name, Title)*

Robin O'Malley, Facilities Manager

Area Code/Phone Number	E-mail
559-621-1487	FacilitiesMgmt@fresno.gov

☐ **Amendment** *(Must provide explanation in Part 3.)*

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_
Provide Title/Explanation

Date(s) 08 / 15 / 21   ___ / ___ / ___

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
Council District 7 Office	12	Team morale & building

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below*

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)	Nelson Esparza	Council Vice President	8/13/2021
Signature of Agency Head or Designee	*Print Name*	*Title*	*(Month, Day, Year)*

Comment: _____