

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

A Public Document

1. Agency Name City of Fresno Division, Department, or Region <i>(If Applicable)</i> Facilities Management Division Designated Agency Contact <i>(Name, Title)</i> Robin O'Malley, Facilities Manager Area Code/Phone Number E-mail 559-621-1487 FacilitiesMgmt@fresno.gov		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> 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 Date(s) 08 / 29 / 21 _____
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>Fresno FC</u>	<u>12 tickets + 3 parking</u>	<u>NonProfit.</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.

 <small>Signature of Agency Head or Designee</small>	<u>Karina Perez</u> <small>Print Name</small>	<u>Chief of Staff</u> <small>Title</small>	<u>8/12/21</u> <small>(Month, Day, Year)</small>
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Comment: _____