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

A Public Document

. Agency Name			Date Stamp	California 802
City of Fresno Division, Department, or Region (If Applicable)				For Official Use Only
Designated Agency Contact (Name, Title)				
Robin O'Malley, Facilities Manager				
Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)	
559-621-1487 Facilities N	ngmt@fresno.gov	,	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No□	Face Value of	of Each Ticket/Pass \$ _	31.34
Event Description Fresno Grizzlies Base	eball Skybox	Date(s)08	3 , 06 , 21	1 1
Provide Title/E	xplanation			
Ticket(s)/Pass(es) provided by agency?	Yes □ No ☒	If no: Fresno	Baseball, LLC	
Was ticket distribution made at the behes		Name of Source O'Malley, Robin Facilities Manager		
of agency official?	t No ☐ Yes ☒	If yes: O'Malley, Robin Facilities Manager Official's Name (Last, First)		
Recipients				
Use Section A to identify the agency's department	or unit. • Use Section	n B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of	Describe the public purpose made pursuant to the agency's policy		
The state of the s	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
B. Name of Individual (Last, First)	Number of Ticket(s)/	Identify one of the following:		
	Pass(es)	O-manufal Bala		
		Ceremonial Role If checking "Ceremon	Other I ial Role" or "Other" describe below:	Income L
		Ceremonial Role		Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
y Neighborhood Partnership	12 tickets	Advocacy &	Outreach Partner	ships w/ city
H F Nees Ave.	3 Parking Pass	through	COVID-19 Cris	
	3 1411191100	11400011	WYED V. OII.	7,0
Fresno, CA 93720				
V := ::				
Verification I have read and understand FPPOR Regulations 18944.1	and 18942. I have verifie	ed that the distribution set f	orth above is in accordance wit	h the requirements
Mare read the understand in green and in several				The requirements.
Signature of Agency Head or Designee	Print Name	irza (ouncil member	(Month Day Yord)
Signature of Figures 1 Designed			1100	(Month, Day, rear)
Comment:				
				FPPC Form 802 (4/12)