

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of Fresno			
Division, Department, or Region (If Applicable)			
Facilities Management Division			
Designated Agency Contact (Name, Title)			
Robin O'Malley, Facilities Management Manager		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Area Code/Phone Number	E-mail		
559-621-1224	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 / 18 / 17 _____
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>444 Ministries</u>	<u>17</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.

Thomas B. Sims
Executive Director
5-1-17

Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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Robin O'Malley, Facilities Management Manager			
Area Code/Phone Number	E-mail		
559-621-1224	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) 05 / 21 / 17

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.

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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>4141 Mustang</u>	<u>12</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.

Francis B Sims
Executive Dir
5-6-17

Print Name
Title
(Month, Day, Year)

Comment: _____

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Robin O'Malley, Facilities Management Manager			
Area Code/Phone Number	E-mail		
559-621-1224	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) 05 / 16 / 17 _____
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.

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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>Life Center Fresno</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>Russo Gonzalez</u> <small>Print Name</small>	<u>Pastor</u> <small>Title</small>	<u>5-11-17</u> <small>(Month, Day, Year)</small>
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City of Fresno			
Division, Department, or Region (If Applicable) Facilities Management Division			
Designated Agency Contact (Name, Title) Robin O'Malley, Facilities Management Manager			
Area Code/Phone Number 559-621-1224	E-mail FacilitiesMgmt@fresno.gov	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

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 / 20 / 17 _____
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)

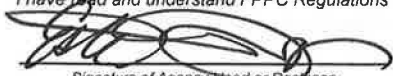
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C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Lowell Community Develop. Corp.</u>	<u>12</u>	

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.


Esther Delahay Exec. Director 4/26/2017
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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Designated Agency Contact (Name, Title) Robin O'Malley, Facilities Management Manager			
Area Code/Phone Number 559-621-1224	E-mail FacilitiesMgmt@fresno.gov	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

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) 05 / 30 / 17 _____
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)

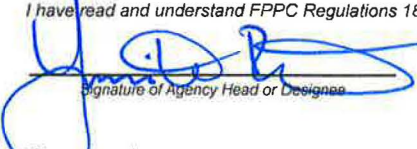
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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Youth Leadership Institute</u>	<u>12</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.


Yammilette Rodriguez
Senior Director
5/18/17

Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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Robin O'Malley, Facilities Management Manager			
Area Code/Phone Number	E-mail		
559-621-1224	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 / 25 / 17 _____
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.

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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>World Impact, Inc</u>	<u>12</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.

 Shawn Browatzke City Director 5/17/17
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____