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

1.	Agency Name		Date Stamp	California 802		
	City of Fresno			Form OUZ		
	Division, Department, or Regi	ion (If Applicable	1	For Official Use Only		
	Facilities Management Divis	sion				
	Designated Agency Contact (Name, Title)	1			
	Robin O'Mallley, Facilities M	lanagement N				
9	Area Code/Phone Number E-mail				Date of Original Filing: (Month, Day, Year)	
	559-621-1224	FacilitiesMgmt@fresno.gov				
2.	Function or Event Infor	mation				
	Does the agency have a ticke	Yes⊠ No□	Face Value o	of Each Ticket/Pass \$	31.34	
	Event Description Fresno Grizzlies Baseball Skybo			D-4-7-> 08	3 , 18 , 17	
	Event Description Provide Title/Explanation Date(s)					
	Ticket(s)/Pass(es) provided by	Yes ☐ No 🏻	If no. Fresno	o Baseball, LLC		
		ICO LINO		Name of So		
	Was ticket distribution made a	No ☐ Yes ☒ If yes: O'Ma		alley, Robin Facilities Manager		
	of agency official?			Official's Name (L	.ast, First)	
3.	Recipients					
	Use Section A to identify the agency	y's department or	unit. • Use Section	on B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit		Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy
			Pass(es)			
			1 1			
			1 1			
	R Name of Individual		Number of			
	Name of Individual		Ticket(s)/ Pass(es)		Identify one of the following:	
				Ceremonial Role	Other	Income
				If checking "Ceremor	nial Role" or "Other" describe below:	
			1			
			-			·
				Ceremonial Role	Other Inial Role" or "Other" describe below:	Income L
				•		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	4141 Ministries		17			
	/ / / / /	1				
1	Verification /					
2		lations 18944.1 and	d 18942. I have verifi	ied that the distribution set t	forth above, is in accordance wit	th the requirements
	MIST	7	ham	IC PS		
_	Signature of Agency Head of Designee		Print Name	O Dim	TINE	(Month, Day, Year)
_	Signature of Agency Heals of Designee	$2\sqrt{2}$	homa	ied that the distribution set to		buelio 3

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name		Date Stamp	California Q02			
	City of Fresno			Form OUZ			
	Division, Department, or Regi	ion (If Applicable		For Official Use Only			
	Facilities Management Divis	sion					
	Designated Agency Contact (Name, Title)					
	Robin O'Mallley, Facilities M	lanagement M	lanager		□ \$		
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
	559-621-1224 FacilitiesMgmt@fresno.gov				Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Inform	nation					
	Does the agency have a ticket policy? Yes ☒ No ☐ Face Val				f Each Ticket/Pass \$	31.34	
	Event Description Fresno Gri	zzlies Baseba	all Skybox Date(s)05		, 21 , 17		
		Provide Title/Expla	Deschall II C				
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No ☒ If no: Fres		no Baseball, LLC		
	Man tiplest distribution made a	4 46 0 6 0 6 0 0 4		- O'Mal	If yes: O'Malley, Robin Facilities Manager Official's Name (Last, First)		
	Was ticket distribution made a of agency official?	it the benest	No ☐ Yes 🛭	d If yes: O War			
3.	Recipients						
	Use Section A to identify the agency	/'s department or i	unit. • Use Secti	ion B to identify an individu	ual. • Use Section C to identify an outside organization.		
A. Name of Agency, Department or Unit			Ticket(s)/ Pass(es)	Describe the publ	to the agency's policy		
B. Name of Individual			Number of Ticket(s)/		Identify one of the following	na:	
	(Last, First)		Pass(es)				
			Ceremonial Role If checking "Ceremonial If c	Other all Role" or "Other" describe below:	Income 📑		
				Ceremonial Role	Other	Income \(\square\)	
				Proposition of the Contract of	al Role" or "Other" describe below:	_	
2	C. Name of Outside Organ		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy	
1	6141 Mm]		Pass(es)				
1	111 \$ \$ 1 1/03 1	74	10				
	,,,						
	Verification I have read and understand FPPG Regul	200 190 111	10040 1	find that the distribution set is	off shows is in accordance 201	the requirements	
	nave read and understand FPFG Redul	auons 18944.1 and	1 day 1 nave ven	ilea that the distribution set fo	ortri apove, is in accordance with	the requirements.	
	Signature of Agency Head or Designee	-	17 OM	5 DIMS	Trecoties	06 5-6-6 (Month, Day, Year)	
_		(5.)					

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

Ci	Agency Name City of Fresno				Date Stamp	California 802 Form For Official Use Only	
	vision, Department, or Regi acilities Management Divis			To omount does only			
De	signated Agency Contact (Name, Title)					
R	obin O'Mallley, Facilities M	lanagement	Amendment (Mustr	provide explanation in Part 3.)			
	Area Code/Phone Number E-mail						
	59-621-1224		gmt@fresno.go	V	Date of Original Filing:	(Month, Day, Year)	
	unction or Event Infor					31.34	
	es the agency have a ticker		Yes ⊠ No 🗆	-	f Each Ticket/Pass \$ _		
Ev	ent Description Fresno Gri	oall Skybox		Date(s)			
Tic	cket(s)/Pass(es) provided by	Yes □ No ☒ If no: Fresno		o Baseball, LLC			
144				. O'Mal	Name of Source		
	as ticket distribution made a f agency official?	i the benest	No ☐ Yes 🏻	If yes:	lley, Robin Facilities Manager Official's Name (Last, First)		
	Recipients						
	Ise Section A to identify the agency	y's department o	ual. • Use Section C to iden	tify an outside organization.			
A	Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy			
_			Number of				
B.	R. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ring:	
					☐ Other ☐ Grant Country of the Property of th	Income L	
				Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income	
C.	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 po		t to the agency's policy	
2	Life Center Fre	iemo					
	erification ve read and understand FPPC Regul	lations 18944.1 ar	nd 18942. I have verifi	fied that the distribution set fo	orth above, is in accordance wi	ith the requirements.	
	7-Mila	(1	ixes Do	madel .	Pasta	5.11.7	
_	Signature of Agency yiead or Designee		Ennt Name	213	Title	(Month, Day, Year)	

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

						A I ablic bocallien
. /	Agency Name				Date Stamp	California 802
(City of Fresno					Form OUZ
D	livision, Department, or Regi	ion (If Applicable		For Official Use Only		
F	Facilities Management Divis	ion				
	Designated Agency Contact (
	Robin O'Mallley, Facilities M		☐ Amendment (Must provide explanation in Part 3.)			
	rea Code/Phone Number	E-mail	.01		Date of Original Filing:	
	559-621-1224		mt@fresno.go	V	Date of Original Filling.	(Month, Day, Year)
	unction or Event Infor			31.34		
] Face Value o	f Each Ticket/Pass \$ _	31.34
F	vent Description Fresno Gri	izzlies Baseba	all Skybox	Date(s) 06	, 20 , 17	
	Tone Boodinphon	Provide Title/Expi				
Т	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no:			If no: Fresno	Baseball, LLC	
	() () () () () () () () () ()			-	Name of So	
	Was ticket distribution made at the behest No ☐ Yes ☒			If yes: O'Mal	lley, Robin Facilities N	/lanager
	of agency official?			Official's Name (Last, First)	
	Recipients					
•	Use Section A to identify the agency	y's department or	on B to identify an individu	ıal. • Use Section C to iden	tify an outside organization.	
F	Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to the agency's policy	
-			Pass(es)			
_			1			
_		Number of				
E	Name of Individua	e of Individual Tid			Identify one of the follow	ing:
-	(200, 1.70)		Pass(es)			
				Ceremonial Role	Other Dial Role" or "Other" describe below:	Income
				•		
_				Ceremonial Role	Other	Income
					al Role" or "Other" describe below:	
C	Name of Outside Organ		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's p		to the agency's policy
	(include address and des	cription)	Pass(es)	_ 30003 tile publ	me public purpose made pursuant to the agency's policy	
	1 110	· ·	12			
1	owell Community I	Vevelop.	12			
-	0	orp.				
	16141					
	erification ave_pead and understand FPPC Regul	lations 19044 1 and	1 18042 I have verif	ind that the distribution set fo	arth above is in aggordance wi	th the requirements
<	Control and					
-6		$\supset \mathcal{L}$	sther I	seldhay t	xec. Directo	r 4/26/201
	Signature of Agency Head or Deergnee		Print Name	V	Title	(Month, Day, Year)
_	omment:					
()	OHIHEH					

Agencỳ Report of:

Ceremonial Role Events and Ticket/Pass Distributions

						A Fublic Document		
1.	Agency Name				Date Stamp	California 202		
	City of Fresno Division, Department, or Region (If Applicable)					Form 002		
						For Official Use Only		
	Capilities Management Divis							
	Facilities Management Divis							
	Designated Agency Contact (Designated Agency Contact (Name, Title)						
	Robin O'Mallley, Facilities M	lanagement N	<i>l</i> lanager		Amendment (Must provide explanatio			
	Area Code/Phone Number	a Code/Phone Number E-mail						
	559-621-1224	FacilitiesMg	mt@fresno.gov	,	Date of Original Filing: _	(Month, Day, Year)		
2.	Function or Event Information					2		
	Does the agency have a ticker	t policy?	Yes ☒ No ☐	Face Value o	f Each Ticket/Pass \$	31.34		
	Event Description Fresno Gri	zzlies Baseba	all Skybox	505	, 30 , 17,			
	Event Description	Provide Title/Expl	lanation	Date(s)				
	Ticket(s)/Pass(es) provided by	, adebon	Fresno		Baseball, LLC			
	ricker(s)/Fass(es) provided by	y agency ?	Yes ☐ No 🏻	ii 110. <u></u>	Name of Source			
	Was ticket distribution made a	t the behest	No ☐ Yes ☒	If ves. O'Mal	ley, Robin Facilities Ma	anager		
	of agency official?			11 you	Official's Name (Last, First)			
3.	Recipients							
	Use Section A to identify the agency	's department or	unit. • Use Section	n B to identify an individu	al. • Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	icket(s)/ Describe the public purpose made pursuant to the agency				
		Pass(es)						
	B. Name of Individual Number of Ticket(s)/			Identify one of the following	ng:			
	(224),		Pass(es)					
				Ceremonial Role	Other al Role" or "Other" describe below:	Income		
				Ceremonial Role Other Income Income				
					al Role" or "Other" describe below:	0,000 100,000 0,000		
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the publ	e public purpose made pursuant to the agency's policy			
	(include address and des	cription)	Pass(es)					
1	La Clara		10					
	Youth Ladish							
	1.1.1	P						
	- Still	XI						
4.	Verification							
	I have read and understand FPPC Regul	ations 18944.1 and	l 18942. I have verifie	d that the distribution set fo	orth above, is in accordance with	the requirements		
	W ON	7	Direct Direct	2 5/18/67				
1	agnature of Agency Head or Designee		AMMILTE	Kodugus 3	Title	(Month, Day, Year)		
(
1	Comment:							

Age. y Report of:

Ceremonial Role Events and Ticket/Pass Distributions

						sono boddillont	
1.	Agency Name				Date Stamp	California 802	
City of Fresno						Form 002	
	Division, Department, or Reg	ion (If Applicable		For Official Use Only			
	Facilities Management Divis	sion					
	Designated Agency Contact	Name, Title)					
	Robin O'Mallley, Facilities M	fanagement N					
	Area Code/Phone Number E-mail				Amendment (Must provide explanation in Part 3		
	559-621-1224	FacilitiesMg	mt@fresno.gov		Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	t policy?	Yes ☒ No ☐	Face Value o	Face Value of Each Ticket/Pass \$31.34		
	Event Description Fresno Gr	izzlies Baseba	, 25 , 17				
	Event Description	Provide Title/Expl					
	Ticket(s)/Pass(es) provided b	y agency?	If no: Fresno	Baseball, LLC			
		40 MAY 100 M MD	Yes ☐ No 🗵	OWA	Name of Sou		
	Was ticket distribution made a of agency official?	at the behest	No ☐ Yes ☒	If yes:	ley, Robin Facilities Ma	anager ast First)	
_					Official's Name (Last, First)		
3.	Recipients Use Section A to identify the agence	v's denartment or	al . Use Section C to identi	fy an outside organization			
			Number of		ial. • Use Section C to identify an outside organization. lic purpose made pursuant to the agency's policy		
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	to the agency's policy		
	·						
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the following	ng:	
	(Last, First)		Pass(es)				
					Other Service Delow:	Income 🔲	
				Ceremonial Role	Other	Income	
				If checking "Ceremoni	al Role" or "Other" describe below:		
			Number of	1112			
	Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant f	to the agency's policy	
	World Invened In	· C	10				
	World Inspuct, In		1 2				
	21						
_	VI - 18" - 4"		<u> </u>				
	Verification I have read and understand FFPC Regu	lations 18944.1 and	l 18942. I have verifie	d that the distribution set fo	orth above is in accordance with	the requirements	
	1 and	120	haven Bro		a a	Slula	
	Signature of Agency Head or Designee		Print Name	ry me Cut	y Divector	(Month, Day, Year)	
	7					*	
	Comment:						