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

A Public Document ~

1.	Agency Name				Date Stamp	California 802
	City of Fresno Division, Department, or Region (If Applicable)					For Official Use Only
	Facilities Management Division					
	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	mt@fresno.gov		Date of Original Filing:		
<u></u>	Function or Event Information					(Month, Day, Year)
		oes the agency have a ticket policy?			f Each Ticket/Pass \$	31.34
				07 , 02 , 21 , ,		
	Event Description	nt Description Fresno Grizzlies Baseball Skybox Provide Title/Explanation Date(s)				
	Ticket(s)/Pass(es) provided by	Yes □ No 🏻	If no: Fresno	If no: Fresno Baseball, LLC		
			Name of Source			
	Was ticket distribution made a of agency official?	No ☐ Yes ☒	If yes: O'Mal	If yes: O'Malley, Robin Facilities Manager Official's Name (Last, First)		
_					Smort o Hamo (Edd), Fridy	
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, Departme	Number of Ticket(s)/		the public purpose made pursuant to the agency's policy		
		Pass(es)				
	Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	Identify one of the following:		
				Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
			Ceremonial Role		Other Income Income	
				ii oneowing Gereirlonia	al Role" or "Other" describe below:	
5	C. Name of Outside Organi	zation	Number of			
	(include address and desc	cription)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
	Clean Fresno,	ean Fresno, 181 W. Evenett, 93722		non-p	rofit	
	3481 W. Evenett.	93722	12 tius			
	Verification I have yead and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.					
,	The Regula	rur above, is in accordance with	the requirements,			
8	Signature of Agency Head or Designee Print Name Birec				Title	(Month, Day, Year)
	Comment					