

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

A Public Document

1. Agency Name

City of Fresno
Division, Department, or Region (If Applicable)

Facilities Management Division
Designated Agency Contact (Name, Title)

Robin O'Malley, Facilities Manager

Area Code/Phone Number: 559-621-1487
E-mail: FacilitiesMgmt@fresno.gov

Date Stamp

California Form 802

For Official Use Only

Amendment (Must provide explanation in Part 3.)

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
Provide Title/Explanation

Date(s) 06 / 02 / 21

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 (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
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 policy
<u>HABITAT FOR HUMANITY GRATER FRESNO AREA</u>	<u>12 tickets 3 parking passes</u>	<u>NON-PROFIT</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.

[Signature]
Signature of Agency Head or Designee

TORIN BOUNT
Print Name

RESTAURANT DIRECTOR
Title

6/2/21
(Month, Day, Year)

Comment: _____