

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
City of Fresno			
Division, Department, or Region (If Applicable) Facilities Management Division		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title) Robin O'Malley, Facilities Manager			
Area Code/Phone Number 559-621-1487	E-mail 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) 06 / 07 / 22  
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
<u>Building Healthy Communities</u>	<u>2</u>	<u>Honoring the Women of the Year D3</u> <u>Broken up into 2 days 4/21/22 on Monday</u>
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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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>BHC - Building Healthy Communities</u>	<u>12</u>	<u>Honoring D3 women of the year 2022</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.

Gabriela Olea GABRIELA OLEA Interim Chief of Staff 04/20/22  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_\_\_\_\_