

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

A Public Document

California Form **802**
For Official Use Only

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

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) 05 / 18 / 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

Council District 7 office

7

Team morale & building

Council District 4 office

4

Team morale & building

B. Name of Individual (Last, First)

Number of Ticket(s)/Pass(es)

Identify one of the following:

Ceremonial Role Other Income
If checking "Ceremonial Role" or "Other" describe below:

Ceremonial Role Other Income
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

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 of Agency Head or Designee

Nelson Esparza

Print Name

Council Vice President

Title

5/17/2021
(Month, Day, Year)

Comment: _____