Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

. Agency Name				Date Stamp	California Q02
A STATE OF THE STA					Form OUZ
	on (If Applicabl	le)		1	For Official Use Only
Facilities Management Divis	ion				
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Robin O'Malllev, Facilities M	anagement	Manager			
Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)		
559-621-1224 FacilitiesMgmt@fresno.gov		Date of Original Filing:(Month, Day, Year)			
Function or Event Inform	nation				
Does the agency have a ticket	policy?	Yes ☑ No □	Face Value of	of Each Ticket/Pass \$ _	31.34
Event Description Fresno Grizzlies Baseball Skybox Provide Title/Explanation			Date(s) 04 , 19 , 17		
Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵			If no: Fresno Baseball, LLC		
Was ticket distribution made at the behest No TI Ves f			Manager O'Malley, Robin Facilities Manager		
of agency official?	NO 🗀 Tes 🔯	Official's Name (Last, First)			
Recipients		Wago Sau			
•	's department o	r unit. • Use Section B	to identify an individ	ual. • Use Section C to ide	ntify 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		
Northside Chri	stian	12	Staff Meeting		
Charch"	a to pro-			C)
Name of Individu	I	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
					Income
					Income
		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursual	nt to the agency's policy
lavid full	DDO	nd 18942. I have verified to	hat the distribution set	forth above, is in accordance v	with the requirements OH JAJO (Manth, Day, Year)
	City of Fresno Division, Department, or Regi Facilities Management Divis Designated Agency Contact (I) Robin O'Mallley, Facilities Marea Code/Phone Number 559-621-1224 Function or Event Inform Does the agency have a ticket Event Description Fresno Gri F	City of Fresno Division, Department, or Region (If Applicable) Facilities Management Division Designated Agency Contact (Name, Title) Robin O'Mallley, Facilities Management Area Code/Phone Number E-mail FacilitiesMg Function or Event Information Does the agency have a ticket policy? Event Description Fresno Grizzlies Baset Provide Title/Ex, Ficket(s)/Pass(es) provided by agency? Nas ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or A. Name of Agency, Department or Unit Name of Agency, Department or Unit Name of Individual (Last. First) C. Name of Outside Organization (include address and description)	City of Fresno Division, Department, or Region (If Applicable) Facilities Management Division Designated Agency Contact (Name, Title) Robin O'Mallley, Facilities Management Manager Area Code/Phone Number E-mail FacilitiesMgmt@fresno.gov Function or Event Information Does the agency have a ticket policy? Yes No Provide Title/Explanation Fresno Grizzlies Baseball Skybox Provide Title/Explanation Ficket(s)/Pass(es) provided by agency? Yes No No Yes O'Ass ticket distribution made at the behest No Yes Yes No Yes O'Ass ticket distribution made at the behest No Yes O'Ass ticket distrib	City of Fresno Division, Department, or Region (If Applicable) Facilities Management Division Designated Agency Contact (Name, Title) Robin O'Mallley, Facilities Management Manager Area Code/Phone Number E-mail FacilitiesMgmt@fresno.gov Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Provide Title/Explanation Fa	City of Fresno Division, Department, or Region (IF Applicable) Facilities Management Division Designated Agency Contact (Name, Title) Robin O'Mailley, Facilities Management Manager Area Code/Phone Number E-mail FacilitiesMgmt@fresno.gov Date of Original Filling: Original Filling: Date of Original Filling: Date of Original Filling: Date of Original Filling: Original Filling: Original Filling: Original Filling: Date of Original Filling: Ori