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

A Public Document

Date Stamp	**California Form** **802**

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	**E-mail**
559-621-1487	FacilitiesMgmt@fresno.gov

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) __09__ / __22__ / __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
Mayor Dyer		hosting PD bargaining unit reps.

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	Print Name — Sarah Boren	Title — EA	9.20.21 (Month, Day, Year)

Comment: _____