

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

A Public Document

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|--|---------------------------|---|----------------------------|
| 1. Agency Name | | Date Stamp | California Form 802 |
| City of Fresno | | | For Official Use Only |
| Division, Department, or Region <i>(If Applicable)</i> | | | |
| Facilities Management Division | | | |
| Designated Agency Contact <i>(Name, Title)</i> | | | |
| Robin O'Malley, Facilities Manager | | | |
| Area Code/Phone Number | E-mail | <input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> | |
| 559-621-1487 | FacilitiesMgmt@fresno.gov | Date of Original Filing: _____ <i>(Month, Day, Year)</i> | |

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) 04 / 12 / 23 _____
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 |
|--|-------------------------------|--|
| | | |
| | | |
| B. Name of Individual <i>(Last, First)</i> | Number of Ticket(s)/ Pass(es) | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| C. Name of Outside Organization <i>(include address and description)</i> | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| <u>Janz Family Therapy</u> | <u>12</u> | <u>Public Outreach</u> |
| <u>2037 W. Bullard Ave. #245</u> <u>Fresno, CA 93711</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.

_____ Andrew Janz Legal Advisor 4/12/2023
Signature of Agency Head or Designee *Print Name* *Title* *(Month, Day, Year)*