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

Date Stamp

Division, Department, or Region *(If Applicable)*

Facilities Management Division

Designated Agency Contact *(Name, Title)*

Robin O'Malley, Facilities Manager

☐ **Amendment** *(Must provide explanation in Part 3.)*

Area Code/Phone Number	**E-mail**
559-621-1487	FacilitiesMgmt@fresno.gov

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__ / __05__ / __23__   ____ / ____ / ____

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
City Council District 2 Staff		

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	Alyssa Stevens *Print Name*	Chief of Staff *Title*	9/5/23 *(Month, Day, Year)*

Comment: _____