

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

**A Public Document**

<b>1. Agency Name</b>		<b>Date Stamp</b>	<b>California Form 802</b> <small>For Official Use Only</small>
City of Fresno			
<b>Division, Department, or Region</b> <i>(if applicable)</i>			
Facilities Management Division			
<b>Designated Agency Contact</b> <i>(Name, Title)</i>		<input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>  <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
Robin O'Malley, Facilities Manager			
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
559-621-1487	FacilitiesMgmt@fresno.gov		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 150.00

Event Description: Tequila Fest Concert Skybox    Date(s) 05 / 20 / 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?    Yes     No     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)/ Passes	Describe the public purpose made pursuant to the agency's policy
Council District 1	12	Staff Appreciation
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Passes	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.*

<small>Signature of Agency Head or Designee</small>	<u>Laura Rios</u> <small>Print Name</small>	<u>Chief of Staff</u> <small>Title</small>	<u>5/10/23</u> <small>(month, day, year)</small>
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Comment: \_\_\_\_\_