## Agency Report of:

## Ceremonial Role Events and Ticket/Pass Distributions

**A Public Document** 

	sion Name, Title) anager E-mail Facilities Mg mation t policy?	mt@fresno.gov Yes⊠ No □	Face Value o	. ☐ Amendment (Must pr Date of Original Filing: _	-		
Facilities Management Divisiblesignated Agency Contact (Robin O'Malley, Facilities Marea Code/Phone Number 559-621-1487  Function or Event Informations the agency have a ticked vent Description Fresno Gri	sion Name, Title) anager E-mail Facilities Mg mation t policy?	mt@fresno.gov Yes⊠ No □	Face Value o		rovide explanation in Part 3.)		
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<b>Function or Event Inform</b> soes the agency have a ticket went Description	<b>mation</b> t policy? zzlies Baseba	Yes⊠ No□	Face Value o	Date of Original Filing: _	(Month, Day, Year)		
oes the agency have a ticket vent Description <u>Fresno Gri</u>	t policy? zzlies Baseba		Face Value o				
vent Description Fresno Gri	zzlies Baseba		Face Value o				
	zzlies Baseba Provide Title/Expl	all Skybox		f Each Ticket/Pass \$	31.34		
icket(s)/Pass(es) provided by		Event Description Fresno Grizzlies Baseball Skybox  Provide Title/Explanation			Date(s) 05 / 11 / 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 No ☐ Yes ☑							
of agency official?	Official's Name (Last, First)						
Recipients							
	's department or		3 to identify an individu	al. • Use Section C to identi	fy an outside organization.		
A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
Department of 1	rengality	FAX	Employer	Encasen	committee		
1	V	12.	shal sup	pents / promoke	s Dol shift		
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:		
			Ceremonial Role [	Other all Role" or "Other" describe below:	Income		
			Ceremonial Role [	Other In all Role" or "Other" describe below:	Income		
		Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant t	o the agency's policy		
erification ave read and upderstand FPIPC Regula Sgnature of Agency Head or Designee	ations 18944.1 and	18942. I have verified to	hat the distribution set for	rth above, is in accordance with	the requirements.  OS 05 23  (Month, Day, Year)		
	ecipients Jse Section A to identify the agency Name of Agency, Departme  Name of Individua (Last, First)  Name of Outside Organi (include address and description) Ver read and upderstand FPPC Regula	ecipients Use Section A to identify the agency's department or Name of Agency, Department or Unit  Name of Individual (Last, First)  Name of Outside Organization (include address and description)  Prification (ve read and understand FPPC Regulations 18944.1 and Signature of Agency Head or Resignee	Perification  Name of Outside Organization (Include address and description)  Name of Outside Organization (Include address and description)  Name of Outside Organization (Include address and description)  Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)  Pass(es)  Number of Ticket(s)/ Pass(es)	ecipients  Jae Section A to identify the agency's department or unit.  Name of Agency, Department or Unit  Number of Ticket(s)/ Pass(es)  Name of Individual (Last, First)  Name of Individual (Last, First)  Name of Outside Organization (Include address and description)  Number of Ticket(s)/ Pass(es)  Ceremonial Role  If checking 'Ceremonial Role  If checking 'Cerem	Pagency official?  Cofficials Name (Lection A to identify the agency's department or unit See Section B to identify an individual. • Use Section C to identify.  Name of Agency, Department or Unit Ticket(s)/ Pass(es)  Name of Individual (Laut, Frail)  Number of Ticket(s)/ Pass(es)  Ceremonial Role Other If checking 'Ceremonial Role' or 'Other' describe below:  Name of Outside Organization (Include address and description)  Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to t		