

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

A Public Document

1. Agency Name City of Fresno Division, Department, or Region (if applicable) General Services Department, Administration Division Designated Agency Contact (Name, Title) Martha Serena Jolley, Executive Assistant Area Code/Phone Number 559-621-1155 E-mail Martha.Jolley@fresno.gov		Date Stamp California Form 802 For Official Use Only <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)
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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 89.00
 Event Description: Fresno Grizzlies Baseball Skybox Date(s) 05/23/2024
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: Jolley, Martha Serena, Executive Assistant
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
B. Name of Individual (Last, First)	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 (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>National of Central California</u> <u>(241 E. Shaw Ave 93710)</u>	<u>24</u>	<u>non profit - employee recognition</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.

[Signature] Karla Ortega community health worker 5/22/24
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Print

Clear