

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

A Public Document

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|---|-------------------------------------|--|---|
| 1. Agency Name City of Fresno | | Date Stamp | California Form 802 For Official Use Only |
| Division, Department, or Region (If Applicable) Facilities Management Division | | | |
| Designated Agency Contact (Name, Title) Robin O'Malley, Facilities Manager | | | |
| Area Code/Phone Number 559-621-1487 | E-mail FacilitiesMgmt@fresno.gov | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) 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) 08 / 27 / 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 |
|---|-------------------------------|---|
| FPOF | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Pass(es) | Identify one of the following: |
| WIEMILLER, BRANDON | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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 |
| FPOF | | |
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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
BRANDON WIEMILLER Print Name
Title
(Month, Day, Year)

Comment: _____