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

A Public Document

	Date Stamp	California Form **802**

1. Agency Name

City of Fresno

For Official Use Only

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)

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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) 07 / 20 / 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? Yes ■ No ☐

If yes: **O'Malley, Robin Facilities Manager**
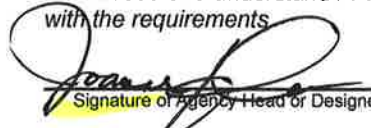*Official's Name (Last, First)*

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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 ☐ 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)/ Passes**	**Describe the public purpose made pursuant to the agency's policy**
	Poverello House	12tix/3parki	Non-profit

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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	Joanna Burciaga *(Print Name)*	Outreach Coordinator *(Title)*	7-19-23 *(month, day, year)*

Comment: _____

Print	Clear

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)