

**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)

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

Date Stamp

**California  
Form 802**

For Official Use Only

☐ **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

Date(s) 05/24/2023

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Fresno Basebal, LLC

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: O'Malley, Robin Facilities Manager  
Name of Source  
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.

<b>A.</b>	<b>Name of Agency, Department or Unit</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>
	Councilmember Chavez City of Fresno	12	
<b>B.</b>	<b>Name of Individual (Last, First)</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Identify one of the following:</b>
			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>
<b>C.</b>	<b>Name of Outside Organization (include address and description)</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>

**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

Luis Chavz

Print Name

Councilmember

Title

5/24/2023

(month, day, year)

Comment: \_\_\_\_\_

**Print**

**Clear**