## **Agency Report of:**

## **Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document** 

1.	Agency Name				Date Stamp	California 802
	City Of Fresno					For Official Use Only
	Division, Department, or Region (If Applicable)					To Official use Offiy
	General Services Department, Administration Division					
	Designated Agency Contact (Name, Title)					
	Evelyn Yambupah, Senior Administrative Clerk				Amendment (Must provide explanation in Part 3.)	
	Area Code/Phone Number E-mail					
	559-621-1104	, , ,			Date of Original Filing:(Month, Day, Year)	
	Function or Event Information					24.00
	Does the agency have a ticket policy? Yes ☒ No ☐			☐ Face Value o	of Each Ticket/Pass \$ _	91.00
	Event Description Fresno Grizzlies Baseball Skybox  Provide Title/Explanation  Date(s)				24 , 25	
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Fresno			Baseball, LLC		
				Name of So		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Yamb			pupah, Evelyn, Senior Administrative Clerk		
	of agency official?			Official's Name (Last, First)		
	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		
						10 To
	B. Name of Individual Number of Ticket(s)					
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role If checking "Ceremoni	Other ial Role" or "Other" describe below:	Income
				Ceremonial Role	Other ial Role" or "Other" describe below:	Income
			Number of			
	C. Name of Outside Organization Ticket(s)/ (include address and description) Pass(es)		Describe the public purpose made pursuant to the agency's policy			
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	1-10/N. MINIMESS FLES	16 4210		a pipeling of	future takent	former lover ment
		*				
l.	Verification	ations 18944. and	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance wi	th the requirements.
(	hw 7	_ Jos	eph a	erter 2005	var Coord	inato (0x 24: 25
11	Signature of Agency Head or Designoe		Print Nan	ne O	Title	(Month, Day, Year)
/	Comment*					