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

A Public Document

1. Agency Name			Date Stamp	California Q02
City Of Fresno				Form OUZ
Division, Department, or Region (If Applicable)			İ	For Official Use Only
General Services Department, Adminis	stration Division			
Designated Agency Contact (Name, Title)			1	€
Evelyn Yambupah, Senior Administrative Clerk				
Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)	
559-621-1104 Evelyn.Ya	ambupah@fresno	o.gov	Date of Original Filing:(Month, Day, Year)	
2. Function or Event Information				•
Does the agency have a ticket policy?	Yes ⊠ No 🗆] Face Value o	of Each Ticket/Pass \$ _	91.00
Event Description Fresno Grizzlies Baseball Skybox Date(s)			7 , 11 , 25	
Provide Title	Explanation			
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Fresno B			Baseball, LLC	OURCO
Was ticket distribution made at the behest No T Ves V			Yambupah, Evelyn, Senior Administrative Clerk	
of agency official?	st No ☐ Yes ☒	I If yes:	Official's Name	(Last, First)
3. Recipients				
Use Section A to identify the agency's department	t or unit. • Use Section	on B to identify an individu	ıal. ● Use Section C to idei	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
	Pass(es)			
· ·				
B. Name of Individual	Number of Ticket(s)/	Identify one of the following:		
(Last, First)	Pass(es)			
		Ceremonial Role Other Incom- If checking "Ceremonial Role" or "Other" describe below:		Income 🔲
V—————————————————————————————————————				
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:	
		ii checking Ceremoni	iai Kole or Other describe below:	
C. Name of Outside Organization	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		t to the agency's nolicy
(include address and description)	Pass(es)			
Ivan would fenom craw	24	I waveyoras de	revended lignifica	nt pulle service
Will B	04	The and exponent draward for lignificant public service administration service Service 9.		
l. Verification				
I have read and understand FPPC Regulations 18944.1	1		orth above, is in accordance w	ith the requirements.
	Cours boro	<u> </u>	Chief of flank	w/11/13
Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)
Comment:				