Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name

City of Fresno

Division, Department, or Region *(if applicable)*

Facilities & Major Projects Division

Street Address

2101 G Street, Bldg. A, Fresno, CA 93706

Area Code/Phone Number: 559-621-1487

E-mail: facilitiesmgmt@fresno.gov

Agency Contact *(name and title)*

Melodee Schwamb, Management Analyst III

Date Stamp

California Form 802

For Official Use Only

☐ **Amendment** *(Must explain in Part 5.)*

Date of Original Filing: _____ *(month, day, year)*

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 02 / 10 Description of Event: Fresno Grizzlies Baseball Skybox Tickets

___/___/___ Face Value of Ticket: $ 376.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Fresno Baseball, LLC

Number of Tickets Received: 12 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Westerlund, Larry	12	To distribute according to section 18944.1

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Councilmember Larry Westerlund, District 4

Name of Individual or Organization: Crimestoppers Number of Tickets: 12

Description of Organization: Non-Profit public Safety

Address of Organization: PO Box 3994, Fresno Calif 93650
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Silent auction at Annual Fund raisw 6/5/10

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Melodee Schwamb | Melodee Schwamb | Management Analyst III | 4/16/2010
Signature of Agency Head or Designee | Print Name | Title | *(month, day, year)*

Comment: *(Use this space or an attachment for any additional information including amendment explanation.)*