Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

California Form 802

For Official Use Only

Date Stamp

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

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 15 / 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: 2 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

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

Name of Behesting Agency Official: Bruce Rudd, Interim City Manager

Name of Individual or Organization: Lori Tigson Number of Tickets: 2

Description of Organization: City of Fresno Employee of the Quarter - Fall 2009

Address of Organization: 2600 Fresno Street, Fresno, CA 93721
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

Recognition for meritorious services by City employees to promote enhanced performance or morale

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 — Signature of Agency Head or Designee

Melodee Schwamb — Print Name

Management Analyst III — Title

04/02/2010 *(month, day, year)*

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