

**Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions**

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of Fresno Division, Department, or Region (if applicable) Facilities & Major Projects Street Address 2101 "G" Street, Building A, Fresno, CA 93706 Designated Agency Contact (Name, Title) Tina Your, Senior Account Clerk Area Code/Phone Number E-mail 559-621-1487 FacilitiesMgmt@Fresno.gov			
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title Fresno Grizzlies Baseball Face Value of Each Admission \$ 376.00

Description Sky Box Tickets Date(s) 06 / 26 / 12

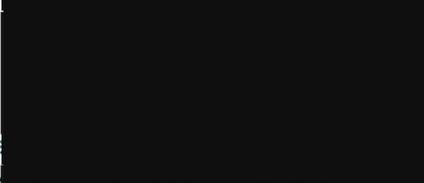
Ticket(s)/Admission(s) provided by agency? Yes No If no: Fresno Baseball, LLC
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: Xiong, Blong Councilmember District 1
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the Income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
<u>CENTER FOR MULTICULTURAL COOPERATION</u> <u>2425 FRESNO ST. # 201</u> <u>93721</u>	<u>12</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>YOUTH PROGRAM.</u> <u>PROVIDING OUTCOMES FOR CREATION</u> Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>OF INFORMED, SKILLED; CREATIVE LEADERS VIA MEDIA</u> Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3.  I have verified that the distribution of admissions, set forth above,

Mari Martinez Council Assisnt 6/24/12
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.)