

California Form **802**

If Amendment - Date of Original Filing
(Month, Day, Year)

8/29/2025

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$29.00	Bay Area International Deaf Dance Festival	8/8/2025	No	BAIDDF	No	

(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.)

[illegible]

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8/29/2025

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$29.00	Bay Area International Deaf Dance Festival	8/8/2025	No	BAIDDF	No	

(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.)

[illegible]

California Form **802**

If Amendment - Date of Original Filing
(Month, Day, Year)

1. Agency Name	City Administrator's Office, City of San Francisco		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	628-233-5101
Designated Agency Contact (Name, Title)	Kristen Jacobson	Email	kristen.jacobson@sfgov.org

Signature of Agency Head or Designee		Print Name	Kristen Jacobson
Title	Director, Grants for the Arts	Month, Day, Year	8/8/2025

Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$29.00	Bay Area International Deaf Dance Festival	8/8/2025	No	BAIDDF	No	

[illegible]

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

A Public Document

California Form **802**

If Amendment - Date of Original Filing
(Month, Day, Year)

8/29/2025

1. Agency Name	City Administrator's Office, City of San Francisco		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	628-233-5101
Designated Agency Contact (Name, Title)	Kristen Jacobson	Email	kristen.jacobson@sfgov.org

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.

Signature of Agency Head or Designee		Print Name	Kristen Jacobson
Title	Director, Grants for the Arts	Month, Day, Year	8/8/2025

2. Function or Event Information

Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$29.00	Bay Area International Deaf Dance Festival	8/8/2025	No	BAIDDF	No	

3. 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.			B.				C.		
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$35.00	JGPG: Are you ok?	8/22/2025	No	JGPG	No	

(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.)

[illegible]

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8/29/2025

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$35.00	JGPG: Are you ok?	8/22/2025	No	JGPG	No	

(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.)

[illegible]

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(Month, Day, Year)

8/29/2025

1. Agency Name	City Administrator's Office, City of San Francisco		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	628-233-5101
Designated Agency Contact (Name, Title)	Kristen Jacobson	Email	kristen.jacobson@sfgov.org

Signature of Agency Head or Designee		Print Name	Kristen Jacobson
Title	Director, Grants for the Arts	Month, Day, Year	8/22/2025

Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$35.00	JGPG: Are you ok?	8/22/2025	No	JGPG	No	

(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.)

[illegible]

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

A Public Document

California Form **802**

If Amendment - Date of Original Filing
(Month, Day, Year)

8/29/2025

1. Agency Name	City Administrator's Office, City of San Francisco		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	628-233-5101
Designated Agency Contact (Name, Title)	Kristen Jacobson	Email	kristen.jacobson@sfgov.org

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.

Signature of Agency Head or Designee		Print Name	Kristen Jacobson
Title	Director, Grants for the Arts	Month, Day, Year	8/22/2025

2. Function or Event Information

Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$35.00	JGPG: Are you ok?	8/22/2025	No	JGPG	No	

3. 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.			B.				C.		
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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1. Agency Name	City and County of San Francisco; City of Administrator's Office		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	
Designated Agency Contact (Name, Title)	Amy Chou, Sr Program Officer	Email	amy.chou@sfgov.org

Signature of Agency Head or Designee	Amy Chou	Print Name	Amy Chou
Title	Senior Program Officer	Month, Day, Year	9/3/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$40.00	Ruth Asawa	8/18/2025	No	SFMoMA	No	

[illegible]

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(Month, Day, Year)

1. Agency Name	City and County of San Francisco; City of Administrator's Office		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	
Designated Agency Contact (Name, Title)	Amy Chou, Sr Program Officer	Email	amy.chou@sfgov.org

Signature of Agency Head or Designee	Amy Chou	Print Name	Amy Chou
Title	Senior Program Officer	Month, Day, Year	9/3/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$40.00	Ruth Asawa	8/18/2025	No	SFMOMA	No	

[illegible]

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(Month, Day, Year)

1. Agency Name	City and County of San Francisco; City of Administrator's Office		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	
Designated Agency Contact (Name, Title)	Amy Chou, Sr Program Officer	Email	amy.chou@sfgov.org

Signature of Agency Head or Designee	Amy Chou	Print Name	Amy Chou
Title	Senior Program Officer	Month, Day, Year	9/3/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$40.00	Ruth Asawa	8/18/2025	No	SFMOMA	No	

(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.)

[illegible]

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1. Agency Name	City and County of San Francisco; City of Administrator's Office		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	
Designated Agency Contact (Name, Title)	Amy Chou, Sr Program Officer	Email	amy.chou@sfgov.org

Signature of Agency Head or Designee	Amy Chou	Print Name	Amy Chou
Title	Senior Program Officer	Month, Day, Year	9/3/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$40.00	Ruth Asawa	8/18/2025	No	SFMoMA	No	

(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.)

[illegible]

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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$15.00	Formerly Incarcerated Voices on Stage	8/9/2025	No	EXITHEATRE	No	

(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.)

FPPC Form 802x (2012)
FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

California Form 802
If Amendment - Date of Original Filing
 (Month, Day, Year)

1. Agency Name	City Administrator's Officer, City and County of San Francisco		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	415-554-6710
Designated Agency Contact (Name, Title)	Lorraine Cawili-Thy	Email	lorraine.cawili-thy@sfgov.org

Signature of Agency Head or Designee	Lorraine Cawili-Thy	Print Name	Lorraine Cawili-Thy
Title	Operations and Programs Officer	Month, Day, Year	8/11/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$15.00	Formerly Incarcerated Voices on Stage	8/9/2025	No	EXITHEATRE	No	

(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.)

[illegible]

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1. Agency Name	City Administrator's Officer, City and County of San Francisco		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	415-554-6710
Designated Agency Contact (Name, Title)	Lorraine Cawili-Thy	Email	lorraine.cawili-thy@sfgov.org

Signature of Agency Head or Designee	Lorraine Cawili-Thy	Print Name	Lorraine Cawili-Thy
Title	Operations and Programs Officer	Month, Day, Year	8/11/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$15.00	Formerly Incarcerated Voices on Stage	8/9/2025	No	EXITHEATRE	No	

(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.)

[illegible]

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

A Public Document

California Form 802

If Amendment - Date of Original Filing
(Month, Day, Year)

1. Agency Name	City Administrator's Officer, City and County of San Francisco		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	415-554-6710
Designated Agency Contact (Name, Title)	Lorraine Cawili-Thy	Email	lorraine.cawili-thy@sfgov.org

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.

Signature of Agency Head or Designee	Lorraine Cawili-Thy	Print Name	Lorraine Cawili-Thy
Title	Operations and Programs Officer	Month, Day, Year	8/11/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$15.00	Formerly Incarcerated Voices on Stage	8/9/2025	No	EXITHEATRE	No	

3. 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.			B.				C.		
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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1. Agency Name	City Administrator's Office, City and County of San Francisco		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	415.554.6710
Designated Agency Contact (Name, Title)	Lorraine Cawili-Thy, Operations and Programs Officer	Email	lorraine.cawili-thy@sfgov.org

Signature of Agency Head or Designee	Lorraine Cawili-Thy	Print Name	Lorraine Cawili-Thy
Title	Operations and Programs Officer	Month, Day, Year	9/2/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$85.00	CROSSROADS 2025	8/29/2025	No	SF Cinematheque	No	

[illegible]

California Form **802**

1. Agency Name	City Administrator's Office, City and County of San Francisco		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	415.554.6710
Designated Agency Contact (Name, Title)	Lorraine Cawili-Thy, Operations and Programs Officer	Email	lorraine.cawili-thy@sfgov.org

Signature of Agency Head or Designee	Lorraine Cawili-Thy	Print Name	Lorraine Cawili-Thy
Title	Operations and Programs Officer	Month, Day, Year	9/2/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$85.00	CROSSROADS 2025	8/29/2025	No	SF Cinematheque	No	

[illegible]

California Form **802**

1. Agency Name	City Administrator's Office, City and County of San Francisco		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	415.554.6710
Designated Agency Contact (Name, Title)	Lorraine Cawili-Thy, Operations and Programs Officer	Email	lorraine.cawili-thy@sfgov.org

Signature of Agency Head or Designee	Lorraine Cawili-Thy	Print Name	Lorraine Cawili-Thy
Title	Operations and Programs Officer	Month, Day, Year	9/2/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$85.00	CROSSROADS 2025	8/29/2025	No	SF Cinematheque	No	

[illegible]

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

A Public Document

California Form 802

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(Month, Day, Year)

1. Agency Name	City Administrator's Office, City and County of San Francisco		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	415.554.6710
Designated Agency Contact (Name, Title)	Lorraine Cawili-Thy, Operations and Programs Officer	Email	lorraine.cawili-thy@sfgov.org

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.

Signature of Agency Head or Designee	Lorraine Cawili-Thy	Print Name	Lorraine Cawili-Thy
Title	Operations and Programs Officer	Month, Day, Year	9/2/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$85.00	CROSSROADS 2025	8/29/2025	No	SF Cinematheque	No	

3. 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.			B.				C.		
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

California Form **802**

**If Amendment - Date of Original Filing
(Month, Day, Year)**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.			
Signature of Agency Head or Designee	Sarah Simon	Print Name	Sarah Simon
Title	Program Officer	Month, Day, Year	8/12/2025

3. 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.)

FPPC Form 802x (2012)
FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

California Form **802**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.			
Signature of Agency Head or Designee	Sarah Simon	Print Name	Sarah Simon
Title	Program Officer	Month, Day, Year	8/12/2025

3. 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.)

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1. Agency Name	City Administrator's Office, City and County of San Francisco		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	415.554.6710
Designated Agency Contact (Name, Title)	Sarah Simon, Program Officer	Email	sarah.simon@sfgov.org

Signature of Agency Head or Designee	Sarah Simon	Print Name	Sarah Simon
Title	Program Officer	Month, Day, Year	8/12/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$40.00	Ruth Asawa Retrospective	8/12/2025	No	SMOMA	No	

[illegible]

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

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(Month, Day, Year)

1. Agency Name	City Administrator's Office, City and County of San Francisco		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	415.554.6710
Designated Agency Contact (Name, Title)	Sarah Simon, Program Officer	Email	sarah.simon@sfgov.org

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.

Signature of Agency Head or Designee	Sarah Simon	Print Name	Sarah Simon
Title	Program Officer	Month, Day, Year	8/12/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$40.00	Ruth Asawa Retrospective	8/12/2025	No	SMOMA	No	

3. 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.			B.				C.		
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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1. Agency Name	City Administrator's Office, City and County of San Francisco		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	415.554.6710
Designated Agency Contact (Name, Title)	Sarah Simon, Program Officer	Email	sarah.simon@sfgov.org

Signature of Agency Head or Designee	Sarah Simon	Print Name	Sarah Simon
Title	Program Officer	Month, Day, Year	8/3/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$40.00	Legacy: The Artistry of Men in Hula	8/3/2025	No	Na Lei Hulu	No	

(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.)

[illegible]

California Form **802**

1. Agency Name	City Administrator's Office, City and County of San Francisco		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	415.554.6710
Designated Agency Contact (Name, Title)	Sarah Simon, Program Officer	Email	sarah.simon@sfgov.org

Signature of Agency Head or Designee	Sarah Simon	Print Name	Sarah Simon
Title	Program Officer	Month, Day, Year	8/3/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$40.00	Legacy: The Artistry of Men in Hula	8/3/2025	No	Na Lei Hulu	No	

[illegible]

California Form **802**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.			
Signature of Agency Head or Designee	Sarah Simon	Print Name	Sarah Simon
Title	Program Officer	Month, Day, Year	8/3/2025

[illegible]

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

A Public Document

California Form 802

If Amendment - Date of Original Filing
(Month, Day, Year)

1. Agency Name	City Administrator's Office, City and County of San Francisco		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	415.554.6710
Designated Agency Contact (Name, Title)	Sarah Simon, Program Officer	Email	sarah.simon@sfgov.org

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.

Signature of Agency Head or Designee	Sarah Simon	Print Name	Sarah Simon
Title	Program Officer	Month, Day, Year	8/3/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$40.00	Legacy: The Artistry of Men in Hula	8/3/2025	No	Na Lei Hulu	No	

3. 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.			B.				C.		
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

California Form **802**

If Amendment - Date of Original Filing
(Month, Day, Year)

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$30.00	FACT/SF Summer Dance Festival 2025 - Program One	8/15/2025	No	FACT/SF	No	

(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.)

[illegible]

California Form 802
If Amendment - Date of Original Filing
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(Month, Day, Year)

1. Agency Name	City Administrator's Office, City and County of San Francisco		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	415-554-6710
Designated Agency Contact (Name, Title)	Lorraine Cawili-Thy, Operations and Programs Officer	Email	lorraine.cawili-thy@sfgov.org

Signature of Agency Head or Designee	Lorraine Cawili-Thy	Print Name	Lorraine Cawili-Thy
Title	Operations and Programs Officer	Month, Day, Year	8/18/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$30.00	FACT/SF Summer Dance Festival 2025 - Program One	8/15/2025	No	FACT/SF	No	

(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.)

[illegible]

California Form 802
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(Month, Day, Year)

If Amendment - Date of Original Filing
(Month, Day, Year)

1. Agency Name	City Administrator's Office, City and County of San Francisco		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	415-554-6710
Designated Agency Contact (Name, Title)	Lorraine Cawili-Thy, Operations and Programs Officer	Email	lorraine.cawili-thy@sfgov.org

Signature of Agency Head or Designee	Lorraine Cawili-Thy	Print Name	Lorraine Cawili-Thy
Title	Operations and Programs Officer	Month, Day, Year	8/18/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$30.00	FACT/SF Summer Dance Festival 2025 - Program One	8/15/2025	No	FACT/SF	No	

(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.)

[illegible]

California Form 802
If Amendment - Date of Original Filing
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(Month, Day, Year)

1. Agency Name	City Administrator's Office, City and County of San Francisco		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	415-554-6710
Designated Agency Contact (Name, Title)	Lorraine Cawili-Thy, Operations and Programs Officer	Email	lorraine.cawili-thy@sfgov.org

Signature of Agency Head or Designee	Lorraine Cawili-Thy	Print Name	Lorraine Cawili-Thy
Title	Operations and Programs Officer	Month, Day, Year	8/18/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$30.00	FACT/SF Summer Dance Festival 2025 - Program One	8/15/2025	No	FACT/SF	No	

(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.)

[illegible]

California Form 802
If Amendment - Date of Original Filing
 (Month, Day, Year)

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(Month, Day, Year)

1. Agency Name	City and County of San Francisco; City of Administrator's Office		
Division, Dept. or Region (If Applicable)	San Francisco Grants for the Arts	Area Code/Phone Number	
Designated Agency Contact (Name, Title)	Raysean Jones, Jr.	Email	raysean.jones@sfgov.org

Signature of Agency Head or Designee	Raysean Jones, Jr.	Print Name	Raysean Jones, Jr.
Title	Wilie L. Brown Fellow	Month, Day, Year	8/20/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$16.62	Drugs in the Tenderloin	8/20/2025	No	Roxie Theater	No	

[illegible]

California Form 802
If Amendment - Date of Original Filing
 (Month, Day, Year)

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(Month, Day, Year)

1. Agency Name	City and County of San Francisco; City of Administrator's Office		
Division, Dept. or Region (If Applicable)	San Francisco Grants for the Arts	Area Code/Phone Number	
Designated Agency Contact (Name, Title)	Raysean Jones, Jr.	Email	raysean.jones@sfgov.org

Signature of Agency Head or Designee	Raysean Jones, Jr.	Print Name	Raysean Jones, Jr.
Title	Wilie L. Brown Fellow	Month, Day, Year	8/20/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$16.62	Drugs in the Tenderloin	8/20/2025	No	Roxie Theater	No	

[illegible]

California Form 802
If Amendment - Date of Original Filing
(Month, Day, Year)

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(Month, Day, Year)

1. Agency Name	City and County of San Francisco; City of Administrator's Office		
Division, Dept. or Region (If Applicable)	San Francisco Grants for the Arts	Area Code/Phone Number	
Designated Agency Contact (Name, Title)	Raysean Jones, Jr.	Email	raysean.jones@sfgov.org

Signature of Agency Head or Designee	Raysean Jones, Jr.	Print Name	Raysean Jones, Jr.
Title	Wilie L. Brown Fellow	Month, Day, Year	8/20/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$16.62	Drugs in the Tenderloin	8/20/2025	No	Roxie Theater	No	

(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.)

[illegible]

California Form 802
If Amendment - Date of Original Filing
 (Month, Day, Year)

If Amendment - Date of Original Filing
(Month, Day, Year)

1. Agency Name	City and County of San Francisco; City of Administrator's Office		
Division, Dept. or Region (If Applicable)	San Francisco Grants for the Arts	Area Code/Phone Number	
Designated Agency Contact (Name, Title)	Raysean Jones, Jr.	Email	raysean.jones@sfgov.org

Signature of Agency Head or Designee	Raysean Jones, Jr.	Print Name	Raysean Jones, Jr.
Title	Wilie L. Brown Fellow	Month, Day, Year	8/20/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$16.62	Drugs in the Tenderloin	8/20/2025	No	Roxie Theater	No	

(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.)

[illegible]

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(Month, Day, Year)

1. Agency Name	City and County of San Francisco; City of Administrator's Office		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	
Designated Agency Contact (Name, Title)	Amy Chou, Sr Program Officer	Email	amy.chou@sfgov.org

Signature of Agency Head or Designee	Amy Chou	Print Name	Amy Chou
Title	Senior Program Officer	Month, Day, Year	9/3/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$10.00	Sunday Funnies	8/28/2025	No	Cartoon Art Museum	No	

[illegible]

California Form 802
If Amendment - Date of Original Filing
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(Month, Day, Year)

1. Agency Name	City and County of San Francisco; City of Administrator's Office		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	
Designated Agency Contact (Name, Title)	Amy Chou, Sr Program Officer	Email	amy.chou@sfgov.org

Signature of Agency Head or Designee	Amy Chou	Print Name	Amy Chou
Title	Senior Program Officer	Month, Day, Year	9/3/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$10.00	Sunday Funnies	8/28/2025	No	Cartoon Art Museum	No	

[illegible]

California Form 802
If Amendment - Date of Original Filing
 (Month, Day, Year)

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(Month, Day, Year)

1. Agency Name	City and County of San Francisco; City of Administrator's Office		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	
Designated Agency Contact (Name, Title)	Amy Chou, Sr Program Officer	Email	amy.chou@sfgov.org

Signature of Agency Head or Designee	Amy Chou	Print Name	Amy Chou
Title	Senior Program Officer	Month, Day, Year	9/3/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$10.00	Sunday Funnies	8/28/2025	No	Cartoon Art Museum	No	

[illegible]

California Form 802
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If Amendment - Date of Original Filing
(Month, Day, Year)

1. Agency Name	City and County of San Francisco; City of Administrator's Office		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	
Designated Agency Contact (Name, Title)	Amy Chou, Sr Program Officer	Email	amy.chou@sfgov.org

Signature of Agency Head or Designee	Amy Chou	Print Name	Amy Chou
Title	Senior Program Officer	Month, Day, Year	9/3/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$10.00	Sunday Funnies	8/28/2025	No	Cartoon Art Museum	No	

(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.)

[illegible]