California Form 802

				A Pub	olic Document			8/29/2025	
1. Agency Na	ame	City Administrator's (Office, City of	San Francisco					
Division, Dept. o	r Region	Grants for the Arts				Area Code/Phone Number	628-233-5101		
Designated Ager Name, Title)	ncy Contact	Kristen Jacboson				Email	kristen.jacobso	n.jacobson@sfgov.org	
I have read an	d understand FPI	PC Regulations 18944.1 a	nd 18942. I hav	e verified that the d	listribution set forth, is in (accordance with the i	requirements.		
Signature of Age Designee	ency Head or	15-19				Print Name	Kristen Jacobson		
Title		Director, Grants for t	he Arts			Month, Day, Year	ar 8/8/2025		
2. Function o	or Event Inform	ation							
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 (Last, Fin	• • • • • • • • • • • • • • • • • • •	
Yes	\$29.00	Bay Area International Deaf Dance Festival	8/8/2025	No	BAIDDF	No			
3. Recipients (Use Section A to		s department or unit. Use Sect	ion B to identify an	individual. Use Section	n C to identify an outside organi:	zation.)			
		Δ		1	R			C	

	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 mad pursuant to the agency's policy
ADM -GFTA	1	Grant monitoring and community building							

California Form 802

				A Pul	olic Document			8/29/2025
1. Agency Na	ame	City Administrator's	Office, City o	f San Francisco				
Division, Dept. o ((If Applicable)	r Region	Grants for the Arts				Area Code/Phone Number	628-233-5101	
Designated Ager Name, Title)	ncy Contact	Kristen Jacboson		kristen.jacobson@sfgov	.org			
I have read and	d understand FPI	PC Regulations 18944.1 a	nd 18942. I hav	e verified that the a	distribution set forth, is in	accordance with the r	requirements.	
Signature of Age Designee	ency Head or	15-19				Print Name	Kristen Jacobson	
Title		Director, Grants for t	he Arts			Month, Day, Year	8/8/2025	
2. Function o	or Event Inform	ation						
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	Bay Area International							
2 Decinionto								
Recipients(Use Section A to		s department or unit. Use Sect	ion B to identify ar	ı individual. Use Section	n C to identify an outside organi	zation.)		
		A.			B.		(D

	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 mad pursuant to the agency's policy

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1. Agency Na	ame	City Administrator's	Office, City o	f San Francisco				
Division, Dept. o ((If Applicable)	r Region	Grants for the Arts				Area Code/Phone Number	628-233-5101	
Designated Ager Name, Title)	ncy Contact	Kristen Jacboson		kristen.jacobson@sfgov	.org			
I have read and	d understand FPI	PC Regulations 18944.1 a	nd 18942. I hav	e verified that the a	distribution set forth, is in	accordance with the r	requirements.	
Signature of Age Designee	ency Head or	15-19				Print Name	Kristen Jacobson	
Title		Director, Grants for t	he Arts			Month, Day, Year	8/8/2025	
2. Function o	or Event Inform	ation						
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	Bay Area International							
2 Decinionto								
Recipients(Use Section A to		s department or unit. Use Sect	ion B to identify ar	ı individual. Use Section	n C to identify an outside organi	zation.)		
		A.			B.		(D

	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 mad pursuant to the agency's policy

California Form

				A Pu	blic Document			8/29/2025	
1. Agency Na	ıme	City Administrator's	Office, City of	San Francisco					
Division, Dept. o (If Applicable)	r Region	Grants for the Arts				Area Code/Phone Number	e r 628-233-5101		
Name, Title) Kristen Jacboson Email kristen.jaco							kristen.jacobso	ten.jacobson@sfgov.org	
I have read an	d understand FPI	PC Regulations 18944.1 a	nd 18942. I hav	e verified that the	distribution set forth, is in a	accordance with the	requirements.		
Signature of Age Designee	ignature of Agency Head or esignee Print Name Kristen Jacob								
Title		Director, Grants for t	he Arts			Month, Day, Year	ır 8/8/2025		
2. Function o	or Event Inform	ation							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation) Bay Area International	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 (Last, Fir		
Yes									
3. Recipients (Use Section A to		s department or unit. Use Sect	ion B to identify an	individual. Use Section	on C to identify an outside organiz	zation.)			

	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 mad pursuant to the agency's policy

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				A Pu	blic Document			8/29/2025	
1. Agency Na	ame	City Administrator's	Office, City of	San Francisco					
Division, Dept. o	r Region	Grants for the Arts				Area Code/Phone Number	628-233-5101		
Designated Ager (Name, Title)	ncy Contact	Kristen Jacboson	kristen.jacobsor	n@sfgov.org					
I have read an	d understand FP	PC Regulations 18944.1 a	nd 18942. I hav	e verified that the d	distribution set forth, is in a	accordance with the i	requirements.		
Signature of Age Designee	ency Head or	15.110				Print Name	Kristen Jacobsoi	n	
Title		Director, Grants for	the Arts			Month, Day, Year	r 8/22/2025		
2. Function o	or Event Inform	nation							
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 (Last, Firs		
Yes	\$35.00	JGPG: Are you ok?	8/22/2025	No	JGPG	No			
3. Recipients									
•		s department or unit. Use Sec	tion B to identify an	individual. Use Section	n C to identify an outside organiz	zation.)			
		A.			B.			C.	

	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
ADM -GFTA	1	Grant monitoring and community building							

California Form

				A Pu	blic Document			8	3/29/2025	
1. Agency Na	ame	City Administrator's	Office, City of	San Francisco						
Division, Dept. o	r Region	Grants for the Arts				Area Code/Phone Number	e er 628-233-5101			
Designated Ager (Name, Title)	ncy Contact	Kristen Jacboson				Email kristen.jacobson@sfgov.org				
I have read an	d understand FPI	PC Regulations 18944.1 a	ınd 18942. I hav	e verified that the d	distribution set forth, is in a	ccordance with the i	requirements.			
Signature of Age Designee	ency Head or	Kristen Jacobson								
Title		Director, Grants for	the Arts			Month, Day, Year	8/22/2025			
2. Function o	or Event Inform	ation								
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)	lf yes, list Name (Last, Fi			
Yes	\$35.00	JGPG: Are you ok?	8/22/2025	No	JGPG	No				
3. Recipients (Use Section A to		s department or unit. Use Sec	tion B to identify an	individual. Use Sectio	n C to identify an outside organiz B.	ation.)		C.		

	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 mad pursuant to the agency's policy

California Form

				A Pu	blic Document			8	3/29/2025
1. Agency Na	ame	City Administrator's	Office, City of	San Francisco					
Division, Dept. o	r Region	Grants for the Arts				Area Code/Phone Number	628-233-5101		
Designated Ager (Name, Title)	ncy Contact	Kristen Jacboson				Email	kristen.jacobso	en.jacobson@sfgov.org	
I have read an	d understand FPI	PC Regulations 18944.1 a	ınd 18942. I hav	e verified that the d	distribution set forth, is in a	ccordance with the i	requirements.		
Signature of Age Designee	ency Head or	15-19		Print Name Kristen Jacobs			Kristen Jacobso	acobson	
Title		Director, Grants for	the Arts		Month, Day, Year 8/22/2025				
2. Function o	or Event Inform	ation							
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)	lf yes, list Name (Last, Fi		
Yes \$35.00 JGPG: Are you ok? 8/22/2025 No JGPG No									
3. Recipients (Use Section A to		s department or unit. Use Sec	tion B to identify an	individual. Use Sectio	n C to identify an outside organiz B.	ation.)		C.	

	A.			В.				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 mad pursuant to the agency's policy	

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				A Pu	blic Document			8/29/2025			
1. Agency Na	ıme	City Administrator's	Office, City of	San Francisco							
Division, Dept. o	r Region	Grants for the Arts				Area Code/Phone Number	628-233-5101				
Designated Ager (Name, Title)	ncy Contact	Kristen Jacboson				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 Age Designee	ncy Head or	15-170			Print Name	Kristen Jacobson					
Title		Director, Grants for	the Arts			Month, Day, Year	8/22/2025				
2. Function o	or Event Inform	ation									
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 (Last, Fi				
Yes	\$35.00	JGPG: Are you ok?	8/22/2025	No	JGPG	No					
3. Recipients Use Section A to		s department or unit. Use Sec	tion B to identify an	individual. Use Section	on C to identify an outside organiz	ation.)					

	A.		В.					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 mad pursuant to the agency's policy
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California Form 802

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

A Public Document

C	City and County of S	an Francisco											
		and County of San Francisco; City of Administrator's Office											
	Grants for the Arts				Area Code/Phone Number								
et A	Amy Chou, Sr Progr	am Officer			Email	amy.chou@sfgov.org							
and FPPC	Regulations 18944.1 aı	nd 18942. I hav	e verified that the d	istribution set forth, is in a	ccordance with the re	equirements.							
or		Ar		Print Name	Amy Chou								
Senior Program Officer						9/3/2025							
Informat	tion						1						
e of each /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				SFMoMA	No								
	and FPPC or Informa e of each Pass	Amy Chou, Sr Program Offi Senior Program Offi Information Event Description (Provide Title/Explanation)	Amy Chou, Sr Program Officer and FPPC Regulations 18944.1 and 18942. I have or Ar Senior Program Officer Information e of each	Amy Chou, Sr Program Officer and FPPC Regulations 18944.1 and 18942. I have verified that the door Amy Chou Senior Program Officer Information Event Description (Provide Title/Explanation) Event Date(s) Event Date(s) Alta coor (Y/N)	Amy Chou, Sr Program Officer and FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in a correct or Amy Chou Senior Program Officer Information Event Description (Provide Title/Explanation) Event Date(s) Event Date(s) Fino, list Name of Source	Amy Chou, Sr Program Officer and FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the reference or Amy Chou Print Name Senior Program Officer Month, Day, Year Information Event Description (Provide Title/Explanation) Event Date(s) Event Date(s) Ficket(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)	Amy Chou, Sr Program Officer and FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements. Amy Chou Print Name Amy Chou Senior Program Officer Month, Day, Year 9/3/2025 Information Event Description (Provide Title/Explanation) Event Date(s) Event Date(s) Fino, list Name of Source If no, list Name of Source If no, list Name of Source Amy Chou Print Name Amy Chou Month, Day, Year 9/3/2025						

	A.				B.		C.		
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	3 7 1 7	(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
Grants for the Arts (ADM)	2	Monitoring of GFTA Grant	Chou, Amy	2					
-									

California Form

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

A Public Document

1. Agency Nan	ne	City and County of S	San Francisco	; City of Admini	istrator's Office					
Division, Dept. or I	Region	Grants for the Arts				Area Code/Phone Number				
Designated Agency (Name, Title)	y Contact	Amy Chou, Sr Progr	am Officer			Email	amy.chou@sfgov.c	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 Agend Designee	cy Head or		Ar	Print Name	Amy Chou					
Title		Senior Program Offi			Month, Day, Year	9/3/2025				
									•	
2. Function or	Event Inform	ation							,	
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Of (Last, First)	fficial	ı		
Yes	\$40.00	Ruth Asawa	8/18/2025	No	SFMoMA	No			ı	
3. Recipients										

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	А.				В.		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)

A Public Document

<u> </u>						
City and County of	San Francisco	o; City of Admini	strator's Office			
Grants for the Arts				Area Code/Phone Number		
Amy Chou, Sr Prog	ram Officer			Email	amy.chou@sfgov.org	
PPC Regulations 18944.1 a	ınd 18942. I hav	e verified that the d	listribution set forth, is in a	accordance with the re	equirements.	
	Ar	ny Chou	Print Name	Amy Chou		
Title Senior Program Officer				Month, Day, Year	9/3/2025	
nation						Т
nation						_
Obes the agency are ticket policy (Y/N) Face Value of each (Provide Title/Explanation) Event Date(s) (Y/N) (Y/N) Ticket/Pass (Provide Title/Explanation) Event Date(s) (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)		
			SFMoMA	No		
r	Grants for the Arts Amy Chou, Sr Prog PPC Regulations 18944.1 a Senior Program Off mation Event Description	Grants for the Arts Amy Chou, Sr Program Officer PPC Regulations 18944.1 and 18942. I have Ar Senior Program Officer mation Event Description	Grants for the Arts Amy Chou, Sr Program Officer PPC Regulations 18944.1 and 18942. I have verified that the a Amy Chou Senior Program Officer mation Ticket(s)/Pass(es) provided by Agency?	Amy Chou, Sr Program Officer PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in a Amy Chou Senior Program Officer mation Ticket(s)/Pass(es) provided by Agency?	Grants for the Arts Amy Chou, Sr Program Officer Email PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the research of the Amy Chou Print Name Senior Program Officer Month, Day, Year Ticket(s)/Pass(es) provided by Agency? Was ticket distribution made at the behest of made at the behest of	Grants for the Arts Amy Chou, Sr Program Officer Email amy.chou@sfgov.org PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements. Amy Chou Print Name Amy Chou Senior Program Officer Month, Day, Year 9/3/2025 mation Ticket(s)/Pass(es) provided by Agency? If yes, list Name of Official

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3.	◥		u	v	ш	ш	ъ.

	А.				В.		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)

1. Agency Na	ıme	City and Co	City and County of San Francisco; City of Administrator's Office									
Division, Dept. o	r Region	Grants for t	he Arts					Area Code/Phone Number				
Designated Ager (Name, Title)	Amy Chou, Sr Program Officer							Email	amy.chou@sfg	ov.org		
I have read and	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 Age Designee	ency Head or			Am	ny 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 Descr (Provide Title/Ex		Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list N	lame of Source	Was ticket distribution made at the behest of agency official? (Y/N)	lf yes, list Name (Last, F			
Yes	\$40.00	Ruth Asa	awa	8/18/2025	No	SF	MoMA	No				
3. Recipients (Use Section A to		s department or u	nit. Use Se	ction B to identify an	individual. Use Sect	tion C to identify	/ an outside organiz	zation.)				
		A.					B.	T.		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

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

A Public Document

1. Agency Name		City Administrator's	Administrator's Officer, City and County of San Francisco												
Division, Dept. or Region (If Applicable)	n	Grants for the Arts				Area Code/Phone Number	415-554-6710								
Designated Agency Conta (Name, Title)	tact	Lorraine Cawili-Thy			Email	ıı lorraine.cawili-thy@sfgov.org									
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 Designee	ature of Agency Head or					Print Name	Lorraine Cawili-Thy								
Title		Operations and Pro	grams Officer	Month, Day, Year	r 8/11/2025										
2. Function or Even	Function or Event Information					T									
	alue of each ket/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)	lf yes, list Name of Official (Last, First)								

EXITHEATRE

No

3. Recipients

Yes

\$15.00

(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.)

8/9/2025

No

Formerly Incarcerated

Voices on Stage

	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
Grants for the Arts	2	Monitoring of GFTA grant	Cawili-Thy, Lorraine	2					

California Form 802

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

A Public Document

1. Agency Name City Administrator's Officer, City and County of San Francisco											
Division, Dept. of (If Applicable)	or Region	Grants for the Arts				Area Code/Phone Number	de la companya de la				
Designated Ager (Name, Title)	ncy Contact	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 Age Designee	ency Head or		Lorrain	e Cawili-Thy	Print Name	Lorraine Cawili-Thy					
Title		Operations and Pro	grams Officer			Month, Day, Year	8/11/2025				
2 Eurotion o	v Event Inform	oti o n									
2. Function o	or Event Inform	ation	Γ	I		Τ					
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					

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	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)

A Public Document

1. Agency Name City Administrator's Officer, City and County of San Francisco											
Division, Dept. of (If Applicable)	or Region	Grants for the Arts				Area Code/Phone Number	de la companya de la				
Designated Ager (Name, Title)	ncy Contact	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 Age Designee	ency Head or		Lorrain	e Cawili-Thy	Print Name	Lorraine Cawili-Thy					
Title		Operations and Pro	grams Officer			Month, Day, Year	8/11/2025				
2 Eurotion o	v Event Inform	oti o n									
2. Function o	or Event Inform	ation	Γ	I		Τ					
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					

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	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)

1. Agency Na	ıme	City Adminis	strator's	Officer, City a	nd County of S	an Francis	sco						
Division, Dept. o	r Region	Grants for the	ne Arts					Area Code/Phone Number	415-554-6710				
Designated Ager (Name, Title)	ncy Contact	Lorraine Ca	wili-Thy					Email	lorraine.cawili-	thy@sfgov.c	org		
I have read and	d understand FPI	PC Regulations .	18944.1 a	nd 18942. I have	verified that the	distribution :	set forth, is in ac	cordance with the r	equirements.				
Signature of Age Designee	ency Head or			Lorrain	e Cawili-Thy			Print Name	Lorraine Cawil	-Thy			
Title		Operations	and Pro	grams Officer				Month, Day, Year	8/11/2025	·			
2. Function of Does the agency have ticket policy (Y/N)	have ticket policy Face Value of each Event Description				Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list I	Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Nam (Last, F				
Yes	\$15.00	Formerly Inca Voices on		8/9/2025	No	EXIT	HEATRE	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. Identify one of the Name of Outside												
Name of Agency,	Name of Agency, Department or Unit			public purpose made the agency's policy	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	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)

A Public Document

							•				
1. Agency Name	(City Administrator's	Office, City a	nd County of Sa	an Francisco						
Division, Dept. or Region (If Applicable)		Grants for the Arts			Area Code/Phone Number	415.554.6710					
Designated Agency Contact (Name, Title)	t I	Lorraine Cawili-Thy,	Operations a	and Programs C	Email	lorraine.cawili-thy@sfgov.o					
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 of Designee	or		Lorrain	Print Name	Lorraine Cawili-Thy						
Title		Operations and Pro	grams Officer	Month, Day, Year	9/2/2025						
2. Function or Event I	Informa	ntion									
	sket policy Face Value of each Event Description provided by Agency?		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 \$85.0	00	CROSSROADS 2025	8/29/2025	No	SF Cinematheque	No					

3. Recipients

	A.				B.			Organization Describe the public purpose		
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"	(Include address and		made pursuant to the agency's	
Grants for the Arts (ADM)	1	Monitoring of GFTA Grant								
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California Form 802

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

A Public Document

1. Agency Na	ame	City Administrator's	Office, City a	nd County of Sa	an Francisco				
Division, Dept. o	or Region	Grants for the Arts				Area Code/Phone Number	415.554.6710		
Designated Ager (Name, Title)	ncy Contact	Lorraine Cawili-Thy,	Operations a	and Programs C	Officer	Email	lorraine.cawili-thy@sfgov.org		
I have read an	d understand FPF	PC Regulations 18944.1 a	nd 18942. I hav	e verified that the o	distribution set forth, is in a	ccordance with the i	requirements.		
Signature of Age Designee	ency Head or		Lorrain	Print Name	Lorraine Cawili-Thy				
Title		Operations and Pro	grams Office	r		Month, Day, Year	9/2/2025		
2. Function of	or Event Inform	ation							
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			

	A.				В.			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)

A Public Document

1. Agency Na	ame	City Administrator's	Office, City a	nd County of Sa	an Francisco				
Division, Dept. o	or Region	Grants for the Arts				Area Code/Phone Number	415.554.6710		
Designated Ager (Name, Title)	ncy Contact	Lorraine Cawili-Thy,	Operations a	and Programs C	Officer	Email	lorraine.cawili-thy@sfgov.org		
I have read an	d understand FPF	PC Regulations 18944.1 a	nd 18942. I hav	e verified that the o	distribution set forth, is in a	ccordance with the i	requirements.		
Signature of Age Designee	ency Head or		Lorrain	Print Name	Lorraine Cawili-Thy				
Title		Operations and Pro	grams Office	r		Month, Day, Year	9/2/2025		
2. Function of	or Event Inform	ation							
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			

	A.				В.			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)

1. Agency Na	ıme	City Administrator's Office, City and County of San Francisco								
Division, Dept. o	r Region	Grants for the Arts					Area Code/Phone Number	415.554.6710		
Designated Ager (Name, Title)	ncy Contact	Lorraine Cawili-Thy	Operations a	nd Programs (Officer		Email	lorraine.cawili-	thy@sfgov.c	org
l have read and	d understand FPF	PC Regulations 18944.1 a	nd 18942. I have	verified that the	distribution :	set forth, is in ac	ccordance with the i	requirements.		
Signature of Age Designee	ency Head or		Lorrain	e Cawili-Thy			Print Name Lorraine Cawili-Thy			
Title	Operations and Programs Officer Month, Day, Year 9/2/2025									
2. Function o	or Event Inform	ation								
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 N	lame of Source	Was ticket distribution made at the behest of agency official? (Y/N)	est of If yes, list Name of Official		
Yes	\$85.00	CROSSROADS 2025	8/29/2025	No	SF Cin	ematheque	No			
3. Recipients (Use Section A to		s department or unit. Use Se	ction B to identify ar	ı individual. Use Sec	tion C to identif	y an outside organi B.	zation.)		C.	
Name of Agency,	Department or Unit		public purpose made 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

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

A Public Document

1. Agency Name City Administrator's Office, City and County of San Francisco											
Division, Dept. or (If Applicable)	r Region	Grants for the Arts				Area Code/Phone Number	415.554.6710				
Designated Agen (Name, Title)	cy Contact	Sarah Simon, Progr		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 Age Designee	ncy Head or		Sara	Print Name	Sarah Simon						
Title		Program Officer				Month, Day, Year	8/12/2025				
2 Function o	r Event Inform	ation									
Does the agency have ticket policy (Y/N) 2. Function or Event Inform 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					

	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
Grants for the Arts (ADM)	1	Monitoring of GFTA Grant							

California Form 802

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

A Public Document

1. Agency Na	ame	City Administrator's	Office, City a	nd County of Sa	n Francisco		
Division, Dept. of	r Region	Grants for the Arts				Area Code/Phone Number	415.554.6710
Designated Ager (Name, Title)	ncy Contact	Sarah Simon, Progr		Email	sarah.simon@sfgov.org		
I have read and	d understand FPF	PC Regulations 18944.1 a	nd 18942. I hav	e verified that the d	listribution set forth, is in a	accordance with the r	equirements.
Signature of Age Designee	ency Head or		Sara	Print Name	Sarah Simon		
Title		Program Officer			Month, Day, Year	8/12/2025	
2. Function o	or Event Inform	ation					
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	

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	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)

A Public Document

1. Agency Na	ame	City Administrator's	Office, City a	nd County of Sa	n Francisco		
Division, Dept. of	r Region	Grants for the Arts				Area Code/Phone Number	415.554.6710
Designated Ager (Name, Title)	ncy Contact	Sarah Simon, Progr		Email	sarah.simon@sfgov.org		
I have read and	d understand FPF	PC Regulations 18944.1 a	nd 18942. I hav	e verified that the d	listribution set forth, is in a	accordance with the r	equirements.
Signature of Age Designee	ency Head or		Sara	Print Name	Sarah Simon		
Title		Program Officer			Month, Day, Year	8/12/2025	
2. Function o	or Event Inform	ation					
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	

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	Α.				В.				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)

1. Agency Na	ıme	City Admini	strator's	Office, City a	nd County of S	an Francis	со				
Division, Dept. o	r Region	Grants for t	he Arts					Area Code/Phone Number	415.554.6710		
Designated Ager (Name, Title)	ncy Contact	Sarah Simo	on, Progr	am Officer				Email	Email sarah.simon@sfgov.org		
I have read and	d understand FPF	C Regulations	18944.1 a	nd 18942. I have	e verified that the	distribution :	set forth, is in a	ccordance with the r	requirements.		
Signature of Age Designee	ency Head or			Sara	ah Simon			Print Name	Sarah Simon		
Title	Program Officer							Month, Day, Year	8/12/2025		
2. Function o	or Event Inform	ation									
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	(Provide Title/Ex	Event Description provided b		Ticket(s)/Pass(es) provided by Agency? (Y/N)	provided by Agency?		Was ticket distribution made at the behest of agency official? (Y/N)	f If yes, list Name of Official		
Yes	\$40.00	Ruth As Retrospe		8/12/2025	No	SM	ИОМА	No			
3. Recipients (Use Section A to		s department or u	ınit. Use Se	ction B to identify ar	n individual. Use Sec	tion C to identif	y an outside organ	zation.)		C.	
Name of Agency,	(/ ======= === ==== ==== ====		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)

A Public Document

1. Agency Na	ıme	City Administrator's	Administrator's Office, City and County of San Francisco									
Division, Dept. of (If Applicable)	r Region	Grants for the Arts				Area Code/Phone Number	415.554.6710					
Designated Agen (Name, Title)	ncy Contact	Sarah Simon, Progr	am Officer			Email sarah.simon@sfgov.org						
I have read and	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 Age Designee	gnature of Agency Head or esignee Sarah Simon						Sarah Simon					
Title		Program Officer				Month, Day, Year	ar 8/3/2025					
2. Function o	or Event Inform	ation										
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						

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	A.				В.		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
Grants for the Arts (ADM)	2	Monitoring of GFTA Grant							

California Form 802

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

A Public Document

1. Agency Na	ıme	City Administrator's	Office, City a	nd County of Sa	n Francisco				
Division, Dept. of (If Applicable)	r Region	Grants for the Arts			Area Code/Phone Number	415.554.6710			
Designated Agen (Name, Title)	ncy Contact	Sarah Simon, Progr	am Officer			Email	mail sarah.simon@sfgov.org		
I have read and	d understand FPP	C Regulations 18944.1 a	nd 18942. I hav	e verified that the d	istribution set forth, is in a	ccordance with the r	requirements.		
Signature of Age Designee	nature of Agency Head or signee Sarah Simon					Print Name	Sarah Simon		
Title		Program Officer				Month, Day, Year	r 8/3/2025		
2 Function o	u Event Inform	-4: - n							
2. Function o	r Event Inform	ation							
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			

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	А.				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)

A Public Document

1. Agency Na	ıme	City Administrator's	Office, City a	nd County of Sa	n Francisco				
Division, Dept. of (If Applicable)	r Region	Grants for the Arts			Area Code/Phone Number	415.554.6710			
Designated Agen (Name, Title)	ncy Contact	Sarah Simon, Progr	am Officer			Email	mail sarah.simon@sfgov.org		
I have read and	d understand FPP	C Regulations 18944.1 a	nd 18942. I hav	e verified that the d	istribution set forth, is in a	ccordance with the r	requirements.		
Signature of Age Designee	nature of Agency Head or signee Sarah Simon					Print Name	Sarah Simon		
Title		Program Officer				Month, Day, Year	r 8/3/2025		
2 Function o	u Event Inform	-4: - n							
2. Function o	r Event Inform	ation							
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.	K	eci	pier	Its		
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	А.				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)

1. Agency Na	ame	City Administrator's	ity Administrator's Office, City and County of San Francisco										
Division, Dept. o	r Region	Grants for the Arts					Area Code/Phone Number	415.554.6710					
Designated Ager (Name, Title)	ncy Contact	Sarah Simon, Progr	am Officer				Email	sarah.simon@	sfgov.org				
l have read and	d understand FPF	C Regulations 18944.1 a	nd 18942. I have	verified that the	distribution	set forth, is in ac	ccordance with the i	requirements.					
Signature of Agency Head or						Sarah Simon							
Title		Program Officer					Month, Day, Year	8/3/2025					
2. Function o	or Event Inform	ation											
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 N	lame 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		s department or unit. Use Sec	ction B to identify ar	individual. Use Sec	ition C to identi	fy an outside organi B.	ization.)		C.				
Name of Agency, Department or Unit			public purpose made 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 policy			

California Form 802

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

1. Agency Na	ame	City Administrator's	Office, City a	nd County of Sar	n Francisco		
Division, Dept. o	r Region	Grants for the Arts				Area Code/Phone Number	415-554-6710
esignated Age ame, Title)	ncy Contact	Lorraine Cawili-Thy,	Operations :	and Programs Of	ficer	Email	lorraine.cawili-thy@sfgov.
have read an	d understand FPF	PC Regulations 18944.1 a	nd 18942. I hav	e verified that the di	stribution set forth, is in c	ccordance with the re	equirements.
ignature of Age esignee	ency Head or		Lorrair	ne Cawili-Thy		Print Name	Lorraine Cawili-Thy
Title		Operations and Prog	grams Office	r		Month, Day, Year	8/18/2025
2. Function o	or Event Inform	ation					
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	

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.				В.			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
Grants for the Arts	2	Monitoring of GFTA grant	Cawili-Thy, Lorraine	2					

California Form 802

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

A Public Document

1. Agency Na	ame	City Administrator's	Office, City a	nd County of Sai	n Francisco		
Division, Dept. o	r Region	Grants for the Arts				Area Code/Phone Number	415-554-6710
Designated Age Name, Title)	ncy Contact	Lorraine Cawili-Thy,	Operations a	Email	lorraine.cawili-thy@sfgov.o		
l have read an	d understand FPF	PC Regulations 18944.1 a	nd 18942. I hav	e verified that the d	istribution set forth, is in a	ccordance with the re	equirements.
Signature of Age Designee	ency Head or		Lorrair	ne Cawili-Thy		Print Name	Lorraine Cawili-Thy
Title		Operations and Pro	grams Office	r	Month, Day, Year	8/18/2025	
O Function o	u Event Inform	ation.					
2. Function C	or Event Inform	ation					
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)
		FACT/SF Summer Dance Festival 2025 -					

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	A.			В.				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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California Form 802

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

A Public Document

1. Agency Na	ame	City Administrator's	Office, City a	nd County of Sai	n Francisco		
Division, Dept. o	r Region	Grants for the Arts				Area Code/Phone Number	415-554-6710
Designated Age Name, Title)	ncy Contact	Lorraine Cawili-Thy,	Operations a	Email	lorraine.cawili-thy@sfgov.o		
l have read an	d understand FPF	PC Regulations 18944.1 a	nd 18942. I hav	e verified that the d	istribution set forth, is in a	ccordance with the re	equirements.
Signature of Age Designee	ency Head or		Lorrair	ne Cawili-Thy		Print Name	Lorraine Cawili-Thy
Title		Operations and Pro	grams Office	r	Month, Day, Year	8/18/2025	
O Function o	u Event Inform	ation.					
2. Function C	or Event Inform	ation					
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)
		FACT/SF Summer Dance Festival 2025 -					

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	A.			В.				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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California Form 802

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

1. Agency Na	ame	City Administrator's	Office, City a	nd County of Sa	in Francisco			
Division, Dept. o	or Region	Grants for the Arts				Area Code/Phone Number	415-554-6710	
Designated Age Name, Title)	ncy Contact	Lorraine Cawili-Thy,	Operations a	and Programs O	Email lorraine.cawili-thy@sfgov.org			
l have read an	d understand FPF	C Regulations 18944.1 a	nd 18942. I hav	e verified that the d	listribution set forth, is in a	ccordance with the r	equirements.	
Signature of Age Designee	ency Head or		Lorrair	ne Cawili-Thy		Print Name	Lorraine Cawili-Thy	
Operations and Programs Officer						Month, Day, Year	8/18/2025	
2 Function o	ou Frank Inform	ati a u						
2. Function of	or Event Inform	ation		Т		1		
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)	
	\$30.00	FACT/SF Summer Dance Festival 2025 - Program One	8/15/2025	No	FACT/SF	No		

3. Recipients (Use Section A to identify the agency	Recipients se 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.			В.				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

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

A Public Document

1. Agency Nam	ne	City and County of S	an Francisco	; City of Adminis	strator's Office			
Division, Dept. or F (If Applicable)	Region	San Francisco Gran	ts for the Arts	;		Area Code/Phone Number		
Designated Agency (Name, Title)	y Contact	Raysean Jones, Jr.				Email	raysean.jones@sfgov.org	
I have read and u	understand FPF	PC Regulations 18944.1 at	nd 18942. I have	verified that the d	istribution set forth, is in (accordance with the re	equirements.	
Signature of Agend Designee	cy Head or		Raysea	an Jones, Jr.		Print Name	Raysean Jones, Jr.	
Title Wilie L. Brown Fellow						Month, Day, Year	8/20/2025	
2. Function or	Event Inform	ation						1
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		

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	A.		В.				C.		
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	3 7 1 7	(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
Grants for the Arts (ADM)	1	Monitoring of GFTA Grant	Jones, Raysean	1					

California Form 802

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

A Public Document

1. Agency Na	ıme	City and County of S	San Francisco	; City of Admin	istrator's Office				
Division, Dept. of	r Region	San Francisco Gran	ts for the Arts			Area Code/Phone Number			
Designated Ager (Name, Title)	ncy Contact	Raysean Jones, Jr.				Email	ı raysean.jones@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 Age Designee	ncy Head or		Raysea	n Jones, Jr.		Print Name	Raysean Jones, Jr.		
Title		Wilie L. Brown Fello	W			Month, Day, Year	8/20/2025		
								•	
2. Function o	r Event Inform	ation							
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						

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	Α.			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)

A Public Document

1. Agency Na	me	City and County of S	San Francisco	; City of Admin	istrator's Office					
Division, Dept. of	r Region	San Francisco Gran	ts for the Arts			Area Code/Phone Number				
Designated Ager (Name, Title)	ncy Contact	Raysean Jones, Jr.				Email	raysean.jones@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 Age Designee	ncy Head or		Raysea	ın Jones, Jr.		Print Name	Raysean Jones, Jr.			
Title		Wilie L. Brown Fello	W			Month, Day, Year	8/20/2025			
								7		
2. Function o	r Event Inform	ation								
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				

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	Α.			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)

1. Agency Na	ame	City and Co	unty of S	San Francisco	; City of Admin	istrator's C	Office					
Division, Dept. o	r Region	San Francis	sco Gran	its for the Arts				Area Code/Phone Number				
Designated Ager (Name, Title)	ncy Contact	Raysean Jo	nes, Jr.					Email	raysean.jones@	osfgov.org		
I have read an	d understand FPI	PC Regulations	18944.1 a	nd 18942. I have	verified that the	distribution s	set forth, is in ac	cordance with the r	equirements.			
Signature of Age Designee	ency Head or			Raysea	ın Jones, Jr.			Print Name	Raysean Jones	Raysean Jones, Jr.		
Title		Wilie L. Bro	Vilie L. Brown Fellow						8/20/2025			
2. Function o	. 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 (Last, F			
Yes	\$16.62	Drugs in the Te	enderloin	8/20/2025	No	Roxie	e Theater	No				
3. Recipients (Use Section A to		s department or u	nit. Use Sed	ction B to identify an	individual. Use Sec	tion C to identif	y an outside organiz	zation.)				
		A.	T			<u> </u>	В.	T		C.		
Name of Agency,	Number of Describe the public purpose mac 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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California Form 802

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

A Public Document

1. Agency Na	ame	City and County of S	San Francisco	o; City of Admini	strator's Office		
Division, Dept. o	or Region	Grants for the Arts				Area Code/Phone Number	
Designated Ager (Name, Title)	ncy Contact	Amy Chou, Sr Prog	ram Officer			Email	amy.chou@sfgov.org
I have read an	d understand FPF	PC Regulations 18944.1 a	nd 18942. I hav	e verified that the a	listribution set forth, is in a	ccordance with the re	equirements.
Signature of Agency Head or Designee Amy Chou						Print Name	Amy Chou
Title		Senior Program Off	icer	Month, Day, Year	9/3/2025		
2. Function of	or Event Inform	ation	ı				
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	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)	
				T I	Cartoon Art Museum	No	

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	A.				В.				C.		
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	3 7 1 7	(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		
Grants for the Arts (ADM)	1	Monitoring of GFTA Grant	Chou, Amy	1							
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California Form 802

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

A Public Document

1. Agency Na	me	City and County of S	ity and County of San Francisco; City of Administrator's Office									
Division, Dept. of	r Region	Grants for the Arts		Area Code/Phone Number								
Designated Ager (Name, Title)	ncy Contact	Amy Chou, Sr Progr	am Officer			Email	amy.chou@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 Age Designee	ncy Head or		An	ny Chou		Print Name	Amy Chou					
Title		Senior Program Offi	cer			Month, Day, Year	9/3/2025					
								•				
2. Function o	r Event Inform	ation										
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						

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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)

A Public Document

1. Agency Na	ame	City and County of S	City and County of San Francisco; City of Administrator's Office									
Division, Dept. o	or Region	Grants for the Arts			Area Code/Phone Number							
Designated Ager (Name, Title)	ncy Contact	Amy Chou, Sr Prog	ram Officer			Email	ı amy.chou@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 Age Designee	ency Head or		An	ny Chou	Print Name	Amy Chou						
Title		Senior Program Off	icer			Month, Day, Year	9/3/2025					
								_				
2. Function of	or Event Inform	ation										
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						

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	В.				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)

1. Agency Na	ıme	City and Co	City and County of San Francisco; City of Administrator's Office									
Division, Dept. o	r Region	Grants for t	Grants for the Arts									
Designated Ager (Name, Title)	ncy Contact	Amy Chou,	Sr Progr	am Officer				Email	amy.chou@sfg	ov.org		
I have read and	d understand FPF	C Regulations	18944.1 aı	nd 18942. I have	verified that the	distribution s	set forth, is in ac	cordance with the r	equirements.			
Signature of Age Designee	ency Head or			Am	ny Chou			Print Name	Amy Chou			
Title		Senior Prog	ram Offi	cer				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 Fu	nnies	8/28/2025	No	No Cartoon Art Museum		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.					В.	,		C.		
Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)		public purpose made 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	