

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 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	3/12/2025

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	\$100.50	Nobody Loves You	3/12/2025	No	American Conservatory 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)

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	3/12/2025

[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	3/12/2025

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	\$100.50	Nobody Loves You	3/12/2025	No	American Conservatory 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]

**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 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	3/12/2025


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	\$100.50	Nobody Loves You	3/12/2025	No	American Conservatory Theater	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**


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	3/16/2025

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
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		Print Name	Kristen Jacobson
Title	Director, Grants for the Arts	Month, Day, Year	3/16/2025

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
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	3/16/2025

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	\$45.00	The Kennings	3/16/2025	No	Robert Moses' Kin	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 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	3/16/2025

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	\$45.00	The Kennings	3/16/2025	No	Robert Moses' Kin	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	\$300.00	SF Travel Marketing Conference	3/20/2025	No	SF Travel Association	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	3/20/2025

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	\$300.00	SF Travel Marketing Conference	3/20/2025	No	SF Travel Association	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	3/20/2025

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	\$300.00	SF Travel Marketing Conference	3/20/2025	No	SF Travel Association	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)

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	3/20/2025

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	\$300.00	SF Travel Marketing Conference	3/20/2025	No	SF Travel Association	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

**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 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

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	Amy Chou	Print Name	Amy Chou
Title	Senior Program Officer	Month, Day, Year	3/16/2025

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	THI CA & SỬ VIỆT 12	3/16/2025	No	Au Co Vietnamese Cultural Center	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
Grants for the Arts (ADM)	2	Monitoring of GFTA Grant	Chou, Amy	2					

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)	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	3/16/2025

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	THI CA & SỬ VIỆT 12	3/16/2025	No	Au Co Vietnamese Cultural Center	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 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	3/16/2025

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	THI CA & SỬ VIỆT 12	3/16/2025	No	Au Co Vietnamese Cultural Center	No	

[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)	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	3/16/2025

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	THI CA & SỬ VIỆT 12	3/16/2025	No	Au Co Vietnamese Cultural Center	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**

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	Amy Chou	Print Name	Amy Chou
Title	Senior Program Officer	Month, Day, Year	3/7/2025

[illegible]

California Form **802**

**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	3/7/2025

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	\$56.00	Chimamanda Adiche	3/7/2025	No	SF City Arts & Lectures	No	

[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)	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	3/7/2025

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	\$56.00	Chimamanda Adiche	3/7/2025	No	SF City Arts & Lectures	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)

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

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	Amy Chou	Print Name	Amy Chou
Title	Senior Program Officer	Month, Day, Year	3/7/2025

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	\$56.00	Chimamanda Adiche	3/7/2025	No	SF City Arts & Lectures	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)

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, Program and Operations Officer	Email	lorraine.cawili-thy@sfgov.org

Signature of Agency Head or Designee	Lorraine Cawili-Thy	Print Name	Lorraine Cawili-Thy
Title	Program and Operations Officer	Month, Day, Year	3/27/2025

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	\$150.00	Film Festival- Opening	3/27/2025	No	Berlin and Beyond Festival	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)

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	\$150.00	Film Festival- Opening	3/27/2025	No	Berlin and Beyond Festival	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)

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	\$150.00	Film Festival- Opening	3/27/2025	No	Berlin and Beyond Festival	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

**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)	Lorraine Cawili-Thy, Program and Operations 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	Program and Operations Officer	Month, Day, Year	3/27/2025

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	\$150.00	Film Festival- Opening	3/27/2025	No	Berlin and Beyond Festival	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	\$15.00	Live concert: Carnival of the Animals	3/8/2025	No	Noe Valley Chamber Music	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)

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	\$15.00	Live concert: Carnival of the Animals	3/8/2025	No	Noe Valley Chamber Music	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**

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	3/10/2025

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	Live concert: Carnival of the Animals	3/8/2025	No	Noe Valley Chamber Music	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)

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	3/10/2025

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	Live concert: Carnival of the Animals	3/8/2025	No	Noe Valley Chamber Music	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)

1. Agency Name	City Administrator		
Division, Dept. or Region (If Applicable)	Convention Facilities Department	Area Code/Phone Number	(415) 583-3360
Designated Agency Contact (Name, Title)	Ken Bukowski, Director	Email	kenneth.bukowski@sfgov.org

Signature of Agency Head or Designee	<i>Ken Bukowski</i>	Print Name	Ken Bukowski
Title	Director	Month, Day, Year	16/7/2025

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	\$300.00	Marketing Conference	20/3/2025	Yes		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 Administrator		
Division, Dept. or Region (If Applicable)	Convention Facilities Department	Area Code/Phone Number	(415) 583-3360
Designated Agency Contact (Name, Title)	Ken Bukowski, Director	Email	kenneth.bukowski@sfgov.org

Signature of Agency Head or Designee	<i>Ken Bukowski</i>	Print Name	Ken Bukowski
Title	Director	Month, Day, Year	16/7/2025

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	\$300.00	Marketing Conference	20/3/2025	Yes		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 Administrator		
Division, Dept. or Region (If Applicable)	Convention Facilities Department	Area Code/Phone Number	(415) 583-3360
Designated Agency Contact (Name, Title)	Ken Bukowski, Director	Email	kenneth.bukowski@sfgov.org

Signature of Agency Head or Designee	<i>Ken Bukowski</i>	Print Name	Ken Bukowski
Title	Director	Month, Day, Year	16/7/2025

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	\$300.00	Marketing Conference	20/3/2025	Yes		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		
Division, Dept. or Region (If Applicable)	Convention Facilities Department	Area Code/Phone Number	(415) 583-3360
Designated Agency Contact (Name, Title)	Ken Bukowski, Director	Email	kenneth.bukowski@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	<i>Ken Bukowski</i>	Print Name	Ken Bukowski
Title	Director	Month, Day, Year	16/7/2025

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	\$300.00	Marketing Conference	20/3/2025	Yes		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