California Form 802

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

A Public Document

1. Agency Na	ıme	City Administrator's	Office, City of	f San Francisco)			
Division, Dept. o	r Region	Grants for the Arts				Area Code/Phone Number	628-233-5101	
Designated Ager (Name, Title)		Kristen Jacboson			Email	kristen.jacobson@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 ac	cordance with the r	equirements.	
Signature of Age Designee	Signature of Agency Head or lesignee						Kristen Jacobson	
Title		Director, Grants for	the Arts			Month, Day, Year	3/12/2025	
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	\$100.50	Nobody Loves You	3/12/2025	No	American Conservatory Theater	No		

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	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	2	Grant monitoring and community building							

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1. Agency Na	me	City Administrator's	Office, City o	f San Francisco)		_
Division, Dept. or (If Applicable)	r Region	Grants for the Arts				Area Code/Phone Number	628-233-5101
Designated Agen (Name, Title)		Kristen Jacboson				Email	kristen.jacobson@sfgov.org
I have read and	d understand FPP	PC Regulations 18944.1 a	nd 18942. I hav	e verified that the (distribution set forth, is in ac	cordance with the r	equirements.
Signature of Age Designee	ncy Head or	14.70				Print Name	Kristen Jacobson
Title		Director, Grants for	the Arts			Month, Day, Year	3/12/2025
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	\$100.50	Nobody Loves You	3/12/2025	No	American Conservatory Theater	No	

3. Recipients	3.	Rec	ipi	ent	S
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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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Division, Dept. or (If Applicable)	r Region	Grants for the Arts				Area Code/Phone Number	628-233-5101
Designated Agen (Name, Title)		Kristen Jacboson				Email	kristen.jacobson@sfgov.org
I have read and	d understand FPP	PC Regulations 18944.1 a	nd 18942. I hav	e verified that the (distribution set forth, is in ac	cordance with the r	equirements.
Signature of Age Designee	ncy Head or	14.70				Print Name	Kristen Jacobson
Title		Director, Grants for	the Arts			Month, Day, Year	3/12/2025
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	\$100.50	Nobody Loves You	3/12/2025	No	American Conservatory Theater	No	

3. Recipients	3.	Rec	ipi	ent	S
---------------	----	-----	-----	-----	---

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
<u> </u>									
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ıme	City Adminis	trator's C	Office, City of	San Francisco)					
r Region	Grants for th	ne Arts					Area Code/Phone Number	628-233-5101		
ncy Contact	Kristen Jacboson						Email	kristen.jacobson@sfgov.org		
d understand FPF	PC Regulations 1	18944.1 and	d 18942. I have	verified that the	distribution :	set forth, is in ac	cordance with the r	equirements.		
ency Head or	1 Sec	10					Print Name	Kristen Jacobso	on	
	Director, Gra	ants for th	ne Arts				Month, Day, Year	3/12/2025		
or Event Inform	ation									
Face Value of each Ticket/Pass			Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list N	Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)			
\$100.50	Nobody Love	es You	3/12/2025	No		,	No			
identify the agency	s department or un	it. Use Secti	on B to identify an	individual. Use Sect	tion C to identif	y an outside organiz	zation.)		C.	
Department or Unit				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
	r Region ncy Contact d understand FPF ency Head or Face Value of each Ticket/Pass \$100.50	Grants for the Contact Kristen Jack definition of the Contact of	Grants for the Arts Kristen Jacboson dunderstand FPPC Regulations 18944.1 and ency Head or Director, Grants for the Provide Title/Explanation) \$100.50 Sidentify the agency's department or unit. Use Section A. Number of Describe the p	Grants for the Arts Kristen Jacboson dunderstand FPPC Regulations 18944.1 and 18942. I have ency Head or Director, Grants for the Arts Prevent Information Face Value of each (Provide Title/Explanation) \$\frac{1}{2}\$ Event Date(s) \$100.50 Nobody Loves You A. Number of Describe the public purpose made	Grants for the Arts Kristen Jacboson dunderstand FPPC Regulations 18944.1 and 18942. I have verified that the ency Head or Director, Grants for the Arts Ticket(s)/Pass(es) provided by Agency? (Y/N) \$100.50 Nobody Loves You 3/12/2025 No Number of Describe the public purpose made Name of Individual	Grants for the Arts Kristen Jacboson dunderstand FPPC Regulations 18944.1 and 18942. I have verified that the distribution sincy Head or Director, Grants for the Arts Ticket(s)/Pass(es) provided by Agency? (Y/N) \$100.50 Nobody Loves You Ticket(s)/Pass(es) provided by Agency? (Y/N) If no, list 1 American A. Number of Describe the public purpose made Name of Individual Number of Ticket(s)/	Grants for the Arts Kristen Jacboson d understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in according Head or Director, Grants for the Arts Ticket(s)/Pass(es) provided by Agency? (Y/N) \$100.50 Nobody Loves You Ticket(s)/Pass(es) provided by Agency? (Y/N) If no, list Name of Source American Conservatory Theater A. B. Number of Number of Describe the public purpose made Name of Individual Number of Ticket(s)/ Number of Ticket(s)/ Identify one of the following: (Ceremonial Role,	Grants for the Arts Kristen Jacboson Grants for the Arts Kristen Jacboson Grants for the Arts Kristen Jacboson Grants for the Arts Grants for the Arts Month, Day, Year Face Value of each Ticket/Pass Face Value of each Ticket/Pass Face Value of each Ticket/Pass Nobody Loves You Area Code/Phone Number of Describe the public purpose made Area Code/Phone Number Family Face Value of each Ticket/Pass Face Value of each Ticket/Pass Nobody Loves You Area Code/Phone Number of Number of Surce Area Code/Phone Number of Ticket/Pass Face Value of each Ticket/Pa	Grants for the Arts Kristen Jacboson Email Kristen.jacobson dunderstand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements. Print Name Kristen Jacobson Director, Grants for the Arts Month, Day, Year 3/12/2025 Face Value of each Ticket/Pass (Provide Title/Explanation) Face Value of each Ticket/Pass (Provide Title/Explanation) Face Value of each Ticket/Pass (Provide Title/Explanation) American Conservatory Theater No Nobody Loves You 3/12/2025 No Theater No Name of Individual Use Section C to identify an outside organization.) Number of Describe the public purpose made Name of Individual Number of Ticket(s)/ (Ceremonial Role, "Ceremonial Role" or "C	Grants for the Arts Kristen Jacobson Month, Day, Year Fee Value of each Ticket/Pass S100.50 Nobody Loves You Area Code/Phone Number of Describe the public purpose made Name of Individual Area Code/Phone Number of Surces Region Area Code/Phone Surces Read Code/Phone Surces Region Area Code/Phone Surces Region Region Region Area Code/Phone Surces Region Region Area Code/Phone Surces Region Region Region Region Region Area Code/Phone Surces Region R

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A Public Document

1. Agency Na	me	City Administrator's	Office, City of	f San Francisco			
Division, Dept. or (If Applicable)	r Region	Grants for the Arts				Area Code/Phone Number	628-233-5101
Designated Agen (Name, Title)		Kristen Jacboson				Email	kristen.jacobson@sfgov.org
I have read and	d understand FPP	C Regulations 18944.1 a	nd 18942. I have	e verified that the di	stribution set forth, is in a	ccordance with the r	equirements.
Signature of Age Designee	ncy Head or	1400				Print Name	Kristen Jacobson
Title		Director, Grants for	the Arts			Month, Day, Year	3/16/2025
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)
(. / /	\$45.00	The Kennings	3/16/2025	No	Robert Moses' Kin	No	

3. Re	acib	ıeπ	5

	A.		В.				C.		
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		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	2	Grant monitoring and community building							

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1. Agency Na	ime	City Administrator's	Administrator's Office, City of San Francisco									
Division, Dept. o (If Applicable)	r Region	Grants for the Arts				Area Code/Phone Number	628-233-5101					
Designated Ager (Name, Title)		Kristen Jacboson				Email	kristen.jacobson@sfgov.org					
I have read and	d understand FPP	C Regulations 18944.1 a	nd 18942. I hav	e verified that the di	istribution set forth, is in a	ccordance with the r	equirements.					
Signature of Age Designee	ency Head or	120	Print Name Kristen Jacobson									
Title		Director, Grants for	the Arts			Month, Day, Year	3/16/2025					
2. Function o	or Event Informa	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	\$45.00	The Kennings	3/16/2025	No	Robert Moses' Kin	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
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Division, Dept. o (If Applicable)	r Region	Grants for the Arts				Area Code/Phone Number	628-233-5101					
Designated Ager (Name, Title)		Kristen Jacboson				Email	kristen.jacobson@sfgov.org					
I have read and	d understand FPP	C Regulations 18944.1 a	nd 18942. I hav	e verified that the di	istribution set forth, is in a	ccordance with the r	equirements.					
Signature of Age Designee	ency Head or	120	Print Name Kristen Jacobson									
Title		Director, Grants for	the Arts			Month, Day, Year	3/16/2025					
2. Function o	or Event Informa	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	\$45.00	The Kennings	3/16/2025	No	Robert Moses' Kin	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
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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 an	d understand FPF	C 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	14.70					Print Name	Kristen Jacobso	on	
Title		Director, Grants for	the Arts				Month, Day, Year	3/16/2025		
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	Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name (Last, F		
Yes	\$45.00	The Kennings	3/16/2025	No	Robert	Moses' Kin	No]
3. Recipients (Use Section A to		s department or unit. Use Sec	ction B to identify ar	n individual. Use Sect	tion C to identif	В.	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

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1. Agency Na	ame	City Administrator's	Office, City of	San Francisco)			
Division, Dept. o	or Region	Grants for the Arts				Area Code/Phone Number	628-233-5101	
Designated Ager (Name, Title)		Kristen Jacboson				Email	kristen.jacobson@sfgov.org	3
I have read and	d understand FPP	C 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	1400				Print Name	Kristen Jacobson	
Title		Director, Grants for	the Arts			Month, Day, Year	3/20/2025	
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2. Function o	or Event Inform	ation				ı		ł
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		

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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
ADM -GFTA	1	Grant monitoring and community building							

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1. Agency Na	ame	City Administrator's	ty Administrator's Office, City of San Francisco									
Division, Dept. or (If Applicable)	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.o							
have read and	d understand FPP	C 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	1400				Print Name	Kristen Jacobson					
Title		Director, Grants for	the Arts			Month, Day, Year	3/20/2025					
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 of Official (Last, First)					
Yes	\$300.00	SF Travel Marketing Conference	3/20/2025	No	SF Travel Association	No						

3. Recipients	3.	Rec	ipi	ent	S
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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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1. Agency Na	ame	City Administrator's	ity Administrator's Office, City of San Francisco											
Division, Dept. or (If Applicable)	r Region	Grants for the Arts				Area Code/Phone Number	628-233-5101							
Designated Ager Name, Title)	ncy Contact	Kristen Jacboson Email kristen.jacobson@sfgo												
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 o	or Event Inform	ation												
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	et/Pass (Provide Title/Explanation) Event Date(s) (Y/N) If no, list Name				Was ticket distribution made at the behest of agency official? (Y/N)	lf yes, list Name of Official (Last, First)							
Yes	\$300.00	SF Travel Marketing Conference 3/20/2025 No SF Travel Association No												

3. Recipients	3.	Rec	ipi	ent	S
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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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1. Agency Na	ime	City Adminis	strator's	Office, City of	San Francisco)					
Division, Dept. of	r Region	Grants for th	ne Arts					Area Code/Phone Number	628-233-5101		
Designated Ager (Name, Title)	ncy Contact	Kristen Jack	oson					Email	kristen.jacobso	on@sfgov.or	g
I have read and	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 Agency Head or Designee Print Name									Kristen Jacobs	on	
Title		Director, Grants for the Arts Month, Day, Year 3/20/2025									
2. Function or Event Information Does the agency have ticket policy Face Value of each Event Description Provided by Agency?						Was ticket distribution made at the behest of	If yes, list Nam	e of Official			
(Y/N) Yes	Ticket/Pass \$300.00	(Provide Title/Ex SF Travel Ma Conferer	arketing	3/20/2025	(Y/N) No		I Association	agency official? (Y/N) No	(Last, F	First)	
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,	Number of following: Description of		"Ceremonial Role" or	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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A Public Document

1. Agency Na	ame	City and County of S	San Francisco	; City of Admin	istrator's Office						
Division, Dept. o	r Region	Grants for the Arts				Area Code/Phone Number					
Designated Ager (Name, Title)	ncy Contact	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 o	or Event Inform	ation									
Does the agency have ticket policy (Y/N) Face Value of each Ticket/Pass (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) (Last, First)											
Yes	\$30.00	THI CA & SỬ VIỆT 12	3/16/2025	No	Au Co Vietnamese Cultural Center	No					

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	A.				В.			C.	
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	1	(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					
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If Amendment - Date of Original Filing (Month, Day, Year)

A Public Document

1. Agency Nan	me	City and County of S	San Francisco	; City of Admin	istrator's Office			
Division, Dept. or (If Applicable)		Grants for the Arts				Area Code/Phone Number		
Designated Agend (Name, Title)	ignated Agency Contact le, Title) Amy Chou, Sr Program Officer Email amy.chou@s ve read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.							
I have read and	understand FPF	C Regulations 18944.1 a	nd 18942. I have	verified that the	distribution set forth, is in ac	cordance with the r	equirements.	
Signature of Agen Designee	ncy Head or	Amy Chou						
Designee Amy Chou Title Senior Program Officer						Month, Day, Year	3/16/2025	
2. Function or	Event Inform	ation						I
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		
O. Daniminuta				•				

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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 and County of San Francisco; City of Administrator's Office									
Division, Dept. or (If Applicable)		Grants for the Arts				Area Code/Phone Number			
Designated Agend (Name, Title)	cy Contact	Amy Chou, Sr Progr	am Officer		Email	amy.chou@sfgov.org			
I have read and	understand FPF	C Regulations 18944.1 a	nd 18942. I have	verified that the	distribution set forth, is in ac	cordance with the r	equirements.		
Signature of Agen Designee	ncy Head or		Ar	ny Chou	Print Name	Amy Chou			
Title		Senior Program Officer					3/16/2025		
2. Function or	Event Inform	ation						I	
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			
O. Daniminuta				•					

3. Ke	7 01	O I C	IILO

	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 and County of San Francisco; City of Administrator's Office									
Division, Dept. of	r Region	Grants for the	he 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 and	d understand FPF	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			Am	ny Chou			Print Name	Amy Chou		
Title		Senior Prog	ram Off	icer				Month, Day, Year	3/16/2025		
2. Function o	or Event Inform	ation									
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 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		namese Cultural enter	No			
3. Recipients (Use Section A to		s department or u	nit. Use Se	ction B to identify an	individual. Use Sec	tion C to identif	y an outside organiz	zation.)			
		A.					В.			C.	
Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)		e public purpose made o 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 and County of San Francisco; City of Administrator's Office								
Division, Dept. or (If Applicable)		Grants for the Arts				Area Code/Phone Number		
Designated Agen (Name, Title)	ncy Contact	Amy Chou, Sr Progr	am Officer			Email	amy.chou@sfgov.org	
I have read and	d understand FPF	C Regulations 18944.1 a	nd 18942. I have	verified that the d	distribution set forth, is in ac	cordance with the re	equirements.	
Signature of Age Designee	ncy Head or	Amy Chou					Amy Chou	
Title		Senior Program Offi	cer			Month, Day, Year	3/7/2025	
								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	\$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.)

	В.				C.				
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		(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)

741 dalle Boedmene										
1. Agency Na	me	City and County of S	an Francisco	; City of Admini	strator's Office					
Division, Dept. or (If Applicable)	Region	Grants for the Arts				Area Code/Phone Number				
Designated Agen (Name, Title)	cy Contact	Amy Chou, Sr Progr	am Officer			Email	ı amy.chou@sfgov.org			
I have read and	l understand FPF	PC Regulations 18944.1 a	nd 18942. I have	e verified that the d	listribution set forth, is in ac	cordance with the r	equirements.			
Signature of Agency Head or Designee Amy Chou						Print Name	Amy Chou			
Title		Senior Program Offi	cer			Month, Day, Year	3/7/2025			
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	es \$56.00 Chimamanda Adiche 3/7/2025 No SF City Arts & Lectures									
								_		
3. Recipients					ion C to identify an autoide argani					

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.									

	Σ.				5.				
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)

741 dalle Boedmene										
1. Agency Na	me	City and County of S	an Francisco	; City of Admini	strator's Office					
Division, Dept. or (If Applicable)	Region	Grants for the Arts				Area Code/Phone Number				
Designated Agen (Name, Title)	cy Contact	Amy Chou, Sr Progr	am Officer			Email	ı amy.chou@sfgov.org			
I have read and	l understand FPF	PC Regulations 18944.1 a	nd 18942. I have	e verified that the d	listribution set forth, is in ac	cordance with the r	equirements.			
Signature of Agency Head or Designee Amy Chou						Print Name	Amy Chou			
Title		Senior Program Offi	cer			Month, Day, Year	3/7/2025			
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	es \$56.00 Chimamanda Adiche 3/7/2025 No SF City Arts & Lectures									
								_		
3. Recipients					ion C to identify an autoide argani					

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.									

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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
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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	or Region	Grants for the	he Arts					Area Code/Phone Number			
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	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 Agency Head or Designee Amy Chou								Print Name	Amy Chou		
Title		Senior Program Officer						Month, Day, Year	3/7/2025		
2. Function o	or Event Inform	ation									
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)	If yes, list Nam (Last, F		
Yes	\$56.00	Chimamanda	a Adiche	3/7/2025	No	SF City A	rts & Lectures	No			
3. Recipients (Use Section A to		's department or u	nit. Use Sec	ction B to identify an	individual. Use Sec	tion C to identif	y an outside organiz	zation.)		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 mad 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 S	an Francisco					
Division, Dept. o	or Region	Grants for the Arts				Area Code/Phone Number	t 415-554-6710			
Designated Ager (Name, Title)	ncy Contact	Lorraine Cawili-Thy, Program and Operations Officer Email lorraine.cawili-thy@								
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	Signature of Agency Head or Designee Lorraine Cawili-Thy						Lorraine Cawili-Thy			
Title		Program and Opera	tions Officer			Month, Day, Year	3/27/2025			
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)			
	\$150.00	Film Festival- Opening	3/27/2025	No	Berlin and Beyond Festival	No				

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	A.				B.			C.	
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	1	(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	Lorraino	2					
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California Form 802

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

A Public Document

. Agency Na	ıme	City Administrator's (Office, City a	nd County of Sa	an 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,	orraine Cawili-Thy, Program and Operations Officer Email lorraine.cawili-thy@sfgov.or						
have read and	d understand FPP	C Regulations 18944.1 an	d 18942. I have	e verified that the	distribution set forth, is in ac	cordance with the r	equirements.		
Signature of Agency Head or Lorraine Cawili-Thy						Print Name	Lorraine Cawili-Thy		
Title		Program and Operat	ions Officer			Month, Day, Year	3/27/2025		
2. Function o	or Event Inform	ation							
Does the agency have ticket policy (Y/N) Face Value of each Ticket/Pass (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) (Last, First)									
Yes	\$150.00	Film Festival- Opening	3/27/2025	No	Berlin and Beyond Festival	No			

3.	R	P	ci	ni	e	nt	S

	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

. Agency Na	ıme	City Administrator's (Office, City a	nd County of Sa	an 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,	orraine Cawili-Thy, Program and Operations Officer Email lorraine.cawili-thy@sfgov.or						
have read and	d understand FPP	C Regulations 18944.1 an	d 18942. I have	e verified that the	distribution set forth, is in ac	cordance with the r	equirements.		
Signature of Agency Head or Lorraine Cawili-Thy						Print Name	Lorraine Cawili-Thy		
Title		Program and Operat	ions Officer			Month, Day, Year	3/27/2025		
2. Function o	or Event Inform	ation							
Does the agency have ticket policy (Y/N) Face Value of each Ticket/Pass (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) (Last, First)									
Yes	\$150.00	Film Festival- Opening	3/27/2025	No	Berlin and Beyond Festival	No			

3.	R	P	ci	ni	e	nt	S

	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	ime	City Adminis	strator's	Office, City ar	nd County of S	an Francis	со				
Division, Dept. of	r Region	Grants for the	he Arts					Area Code/Phone Number	415-554-6710		
Designated Ager (Name, Title)	ncy Contact	Lorraine Ca	wili-Thy,	wili-Thy, Program and Operations Officer Email lorraine.cawili-thy@sfgov.org					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	i-Thy	
Title Program and Operations Officer								Month, Day, Year	3/27/2025		
2. Function o	r Event Inform	ation									
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)	lf no, list l	Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Nam (Last, F		
Yes	\$150.00	Film Festival-		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.)											
	Α.					T	B.			C.	
Number of Ticket(s)/ Pass(es) Number of 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 S	an Francisco				
Division, Dept. o (If Applicable)	r Region	Grants for the Arts				Area Code/Phone Number	415.554.6710		
Designated Ager (Name, Title)	ncy Contact	Sarah Simon, Progra	am Officer		Email	Email sarah.simon@sfgov.org			
I have read and	d understand FPF	PC Regulations 18944.1 ar	nd 18942. I hav	e verified that the	distribution set forth, is in ac	cordance with the r	equirements.		
Signature of Age Designee	gnature of Agency Head or signee Sarah Simon Print Name Sarah Simon								
Title		Program Officer				Month, Day, Year	3/10/2025		
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	\$15.00	Live concert: Carnival of the Animals	3/8/2025	No	Noe Valley Chamber Music	No			

3. Recipients

	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	ame	City Administrator's	y 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, Program Officer Email sarah.simon@sfgov.org										
I have read an	d understand FPF	PC Regulations 18944.1 a	nd 18942. I hav	e verified that the	distribution set forth, is in ac	cordance with the i	requirements.					
Signature of Age Designee	ency Head or		Sara	ah Simon		Print Name	Sarah Simon					
Title		Program Officer				Month, Day, Year	3/10/2025					
2. Function of	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	\$15.00	Live concert: Carnival of the Animals	3/8/2025	No	Noe Valley Chamber Music	No						

3. Recipients

	A.		B.				C.		
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
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California Form 802

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

A Public Document

1. Agency Na	ame	City Administrator's	y 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, Program Officer Email sarah.simon@sfgov.org										
I have read an	d understand FPF	PC Regulations 18944.1 a	nd 18942. I hav	e verified that the	distribution set forth, is in ac	cordance with the i	requirements.					
Signature of Age Designee	ency Head or		Sara	ah Simon		Print Name	Sarah Simon					
Title		Program Officer				Month, Day, Year	3/10/2025					
2. Function of	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	\$15.00	Live concert: Carnival of the Animals	3/8/2025	No	Noe Valley Chamber Music	No						

3. Recipients

	A.		B.				C.		
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
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California Form 802

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

1. Agency Na	ame	City Administrator's	Office, City ar	nd County of S	an Francis	со						
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.simo					sfgov.org			
I 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	equirements.				
Signature of Age Designee	ency Head or		Sara	h Simon			Print Name	Sarah Simon				
Title		Program Officer		Month, Day, Year 3/10/20								
										ı		
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 N	lame of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name (Last, Fi				
Yes	\$15.00	Live concert: Carnival of the Animals	3/8/2025	No	Noe Valley	Chamber Music	No	Ì	,			
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.)												
		Α.				В.			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 802

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

				Aruk	olic Document				
l. Agency Nan	ne	City Administrator							
Division, Dept. or f Applicable)	Region	Convention Facilities	Departmen	t		Area Code/Phone Number	(415) 583-3360		
Designated Agend Name, Title)	cy Contact	Ken Bukowski, Direc	otor			Email	kenneth.bukowski@sfgov.org		
have read and	understand FPF	PC Regulations 18944.1 ar	nd 18942. I hav	e verified that the d	istribution set forth, is in a	ccordance with the r	equirements.		
ignature of Agen Jesignee	icy Head or		Ken		Print Name	Ken Bukowski			
itle		Director				16/7/2025			
. 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)	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			

	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
		Ken Bukowski	1	Other	Business purpose to			
		•			,			

California Form 802

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

					API	Jolic Docur	nent				
1. Agency Na	me	City Adminis	strator								
Division, Dept. o (If Applicable)	r Region	Convention	Facilities	s Department				Area Code/Phone Number	(415) 583-3360		
Designated Ager (Name, Title)	ncy Contact	Ken Bukows	ski, Dired	otor				Email	kenneth.bukow	ski@sfgov.c	org
		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	ncy Head or			Ken .	Bukowski			Print Name	Ken Bukowski		
Title		Director						Month, Day, Year	16/7/2025		
2. Function of Does the agency have ticket policy	r Event Inform	nation Event Descr	iption		Ticket(s)/Pass(es) provided by Agency?			Was ticket distribution made at the behest of	If yes, list Name	of Official	
(Y/N) Yes	Ticket/Pass \$300.00	(Provide Title/Ex		Event Date(s) 20/3/2025	(Y/N) Yes	If no, list Name of Source		agency official? (Y/N)	(Last, Fire	st)	
3. Recipients (Use Section A to			nit. Use Sec	ction B to identify an	individual. Use Sec	tion C to identif	<u> </u>	zation.)			
		Α.					B. Identify one of the		Name of Outside	C.	
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)	following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Organization (Include address and	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	

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)

					API	Jolic Docur	nent				
1. Agency Na	me	City Adminis	strator								
Division, Dept. o (If Applicable)	r Region	Convention	Facilities	s Department				Area Code/Phone Number	(415) 583-3360		
Designated Ager (Name, Title)	ncy Contact	Ken Bukows	ski, Dired	otor				Email	kenneth.bukow	ski@sfgov.c	org
		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	ncy Head or			Ken .	Bukowski			Print Name	Ken Bukowski		
Title		Director						Month, Day, Year	16/7/2025		
2. Function of Does the agency have ticket policy	r Event Inform	nation Event Descr	iption		Ticket(s)/Pass(es) provided by Agency?			Was ticket distribution made at the behest of	If yes, list Name	of Official	
(Y/N) Yes	Ticket/Pass \$300.00	(Provide Title/Ex		Event Date(s) 20/3/2025	(Y/N) Yes	If no, list Name of Source		agency official? (Y/N)	(Last, Fire	st)	
3. Recipients (Use Section A to			nit. Use Sec	ction B to identify an	individual. Use Sec	tion C to identif	, <u> </u>	zation.)			
		A.					B. Identify one of the		Name of Outside	C.	
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)	following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Organization (Include address and	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	

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

Division, Dept. or Region (If Applicable) Convention F				Facilities Department					(415) 583-3360		
Designated Age (Name, Title)	ncy Contact	Ken Bukow	ski, Dired	otor				Email	kenneth.bukowski@sfgov.org		
I have read an	d understand FPI	PC Regulations	18944.1 aı	nd 18942. I have	verified that the	distribution :	set forth, is in ac	cordance with the r	equirements.		
Signature of Agency Head or Designee Ken				Ken .	Bukowski			Print Name	Ken Bukowski		
Title	itle Director							Month, Day, Year	16/7/2025		
2. Function o	or Event Inform	ation									1
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Desci (Provide Title/Ex		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		's department or u	nit. Use Sec	ction B to identify an	individual. Use Sec	tion C to identif	y an outside organiz	zation.)		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
					_						