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1.	Agency Name						Date Stamp	California Form 802
	Division, Department, or Regi	ion (if applicable)						For Official Use Only
	Designated Agency Contact (Name,Title)						
	Area Code/Phone Number	E-mail					Amendment (Must I	Provide Explanation in Part 3.)
	Area Goden Hone Namber						Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation						
	Does the agency have a tick	cet policy?	Yes	No	Fac	e Value of	Each Ticket/Pass \$ _	
	Event Description:				Dat	e(s)		
	Ticket(s)/Pass(es) provided	by agency?	Yes	No	If no	o:	Name of Source	_
	Was ticket distribution made	at the behest	Yes	No	If ye	es: ———	Official's Name (Last, First)	
	of agency official?				-		Official's Name (Last, First)	
	• Use Section A to identify the agen Name of Agency, Depart		unit. •	Number of Ticket(s Passes				rsuant to the agency's policy
	B. Name of Indi			Number of Ticket(s Passes			Identify one of the	following:
							nonial Role Other king "Ceremonial Role" or "Other" d	Income escribe below:
							nonial Role Other king "Ceremonial Role" or "Other" d	Income escribe below:
	C. Name of Outside O (include address and	rganization I description)		Number of Ticket(s Passes		Describe th	e public purpose made pu	rsuant to the agency's policy
— 4.	Verification							
	I have read and understand FP with the requirements.	PPC Regulations	18944	.1 and 1894	42. I h	ave verified i	that the distribution set i	forth above, is in accordance
	Signature of Agency Head or Design	nee	Pr	int Name			Title	(month, day, year)
	Comment:							



This form is for use by all state and local government agencies. The form identifies persons that receive admission tickets and passes and describes the public purpose for the distribution. This form was prepared by the Fair Political Practices Commission (FPPC) and is available at www.fppc.ca.gov.

General Information

FPPC Regulation 18944.1 sets out the circumstances under which an agency's distribution of tickets to entertainment events, sporting events, and like occasions would not result in a gift to individuals that attend the function. In general, the agency must adopt a policy which identifies the public purpose served in distributing the admissions. The Form 802 serves to detail each event and the public purpose of each ticket distribution. FPPC Regulation 18942 lists exceptions to reportable gifts, including ceremonial events, when listed on this form.

When the regulation procedures are followed, persons, organizations, or agencies who receive admissions are listed on a Form 802. Agency officials do not report the admissions on the official's Statement of Economic Interests, Form 700, and the value of the admission is not subject to the gift limit.

The Form 802 also informs the public as to whether the admissions were made at the behest of an agency official and whether the behested tickets were provided to an organization or to specific individuals.

Exception

FPPC This form is not required for admission provided to a school or university district official, coach, athletic director, or employee to attend an amateur event performed by students of that school or university.

Reporting and Public Posting

Ticket Distribution Policies: An agency must post its ticket policy on its website within 30 days of adoption or amendment and e-mail a link of the website location to FPPC at form802@fppc.ca.gov.

Form 802: The use of the ticket or pass under the policy must be reported on Form 802 and posted on the agency's website within 45 days of distribution. A link to the website location of the forms must be e-mailed to FPPC at form802@fppc.ca.gov.

The FPPC will post on its website the link to each agency's policy and completed forms. It is not necessary to send an e-mail each time a new Form 802 is posted. It is only necessary to submit the link if the posting location changes.

This form must be maintained as a public document.

Privacy Information Notice

Information requested by the FPPC is used to administer and enforce the Political Reform Act. Failure to provide information may be a violation subject to administrative, criminal, or civil penalties. All reports are public records available for inspection and reproduction. Direct questions to FPPC's General Counsel.

Instructions

Part 1. Agency Identification:

List the agency's name. Provide a designated agency contact person, their phone number, and e-mail address. Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

Part 2. Function or Event Information:

Confirm that your agency has a policy for ticket distribution. Unless the ceremonial role or income box in Part 3, Section B, is marked, this form is only applicable if your agency has a policy.

Complete all of the other required fields that identify the ticket value, description of event, date(s) and whether the ticket was provided by the agency or an outside source. If an agency official behests the tickets, the official's name is also required. Use the comment field or an attachment to explain in full.

Part 3. Ticket Recipients:

This part identifies who uses the tickets. The identification requirements vary depending upon who received the tickets and are categorized into three sections. Each section must list the number of tickets received. Use the comment field or an attachment to explain in full.

Section A. Report tickets distributed to agency staff, other than an elected official or governing board member, pursuant to the agency's policy. It is not necessary to list each employee's name, but identify the unit/department for which the employee works. The agency must describe the public purpose associated with the ticket distribution. A reference to the policy is permissible.

Section B. Report: 1) any agency official who performs a ceremonial role; 2) any agency official who reports the value as income; or 3) tickets used by elected officials and governing board members (including those distributed pursuant to the agency's policy).

Section C. Report tickets provided to an organization. The organization's name, an address (website url is permissible), and a brief description of the public purpose are required.

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



Agency Name

Recipients	3.	Re	cip	iei	nts
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 Use Section A to identify the agenc 	y's department or unit.	 Use Section B to identif 	y an individual.	 Use Section C 	C to identify	y an outside ord	anizationپ
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A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
3.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	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 S	San Francisco	; City of Admini	strator's Office							
Division, Dept. or Region (If Applicable)	n	Grants for the Arts			Area Code/Phone Number							
Designated Agency Conta (Name, Title)	tact	Amy Chou, Sr Progr	am Officer		Email	amy.chou@sfgov.org						
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.												
Signature of Agency Head or Designee Amy Chou Print Name Amy Chou												
Title		Senior Program Offi		Month, Day, Year	10/23/2025							
								7				
2. Function or Even	nt Informa	ation										
, ,	alue of each ket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)					
Yes \$8	80.00	Kim's Convenience	10/9/2025	No	A.C.T	No						
				'		•						

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	A.		B.				C.		
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	3 7 1 7	(Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Grants for the Arts (ADM)	2	Monitoring of GFTA Grant	Chou, Amy	2					
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California Form 802

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

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1. Agency Na	I. Agency Name City and County of San Francisco; City of Administrator's Office												
Division, Dept. o	r Region	Grants for the Arts											
Designated Ager (Name, Title)	Amy Chou, Sr Program Officer Email amy.chou@sfgov.org												
have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.													
Signature of Age Designee	ency Head or		Ar	ny Chou		Print Name	Amy Chou						
Title Senior Program Officer Month, Day, Year 10/23/2025													
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 ((Last, First)	Official					
Yes	\$80.00	Kim's Convenience	10/9/2025	No	A.C.T	No			l				
3. Recipients	i												

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

California Form 802

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

A Public Document

1. Agency Na	Agency Name City and County of San Francisco; City of Administrator's Office											
Division, Dept. o	or Region	Grants for the Arts Area Code/Phone Number										
Designated 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 10/23/2025												
2 Function	or Event Inform	ation										
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	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	\$80.00	Kim's Convenience	10/9/2025	No	A.C.T	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

California Form 802

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

A Public Document

1. Agency Na	ıme	City and Co	unty of S	San Francisco	; City of Admin	istrator's C	Office			-			
Division, Dept. o	r Region	Grants for the	ne Arts					Area Code/Phone Number					
Designated Ager (Name, Title)	ncy Contact	Amy Chou,	Sr Progi	ram Officer				Email	amy.chou@sfg	amy.chou@sfgov.org			
I have read and	d understand FPI	PC Regulations .	18944.1 a	nd 18942. I have	verified that the	distribution .	set forth, is in ac	cordance with the r	equirements.				
Signature of Age Designee	ency Head or			Am	ıy Chou			Print Name	Amy Chou				
Title		Senior Prog	ram Off	icer				Month, Day, Year	10/23/2025				
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)	by Agency?		Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Nam (Last, F				
Yes	\$80.00	Kim's Conve	nience	10/9/2025	No	,	A.C.T	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 identit	fy an outside organiz	zation.)		C.			
Name of Agency,	Number of Number of Ticket(s)/ Pass(es) Number of purpose made purpos			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 Name City and County of San Francisco; City of Administrator's Office Area Code/Phone
Avec Code/Dhane
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 10/23/2025
2. Function or Event Information
Does the agency have ticket policy (Y/N) Face Value of each (Provide Title/Explanation) Event Date(s) (Y/N) Face Value of each (Provide Title/Explanation) Event Date(s) (Y/N) If no, list Name of Source (Y/N) (Was ticket distribution made at the behest of agency official? (Y/N) (Last, First)
Yes \$60.00 SF Music Day 10/9/2025 No Intermusic SF No

3. Recipients

	A.		В.				C.			
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	3 7 1 7	(Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	
Grants for the Arts (ADM)	1	Monitoring of GFTA Grant	Chou, Amy	1						
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-										

California Form 802

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

A Public Document

1. Agency Na	ame	City and County of S	San Francisco	o; City of Adminis	strator's Office						
Division, Dept. of	or Region	Grants for the Arts	Grants for the Arts Area Code/Phone Number								
Designated Ager (Name, Title)	esignated Agency Contact Amy Chou, Sr Program Officer Email amy.chou@sfgov.org										
I have read and	d understand FPP	C Regulations 18944.1 a	nd 18942. I hav	e verified that the d	istribution set forth, is in a	ccordance with the re	equirements.				
Signature of Age Designee	ignature of Agency Head or										
Title		Senior Program Off	cer			Month, Day, Year	10/23/2025				
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	\$60.00	SF Music Day	10/9/2025	No	Intermusic SF	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

California Form 802

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

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1. Agency Na	ency Name City and County of San Francisco; City of Administrator's Office										
Division, Dept. o	or Region	Grants for the Arts Area Code/Phone Number									
Designated Age (Name, Title)	esignated Agency Contact										
I have read an	d understand FPF	C Regulations 18944.1 a	nd 18942. I hav	e verified that the d	istribution set forth, is in a	ccordance with the re	equirements.				
Signature of Age Designee	ency Head or		Ar	ny Chou		Print Name	Amy Chou				
Title		Senior Program Offi	cer			Month, Day, Year	10/23/2025				
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	\$60.00	SF Music Day	10/9/2025	No	Intermusic SF	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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A Public Document

1. Agency Na	ame	City and Co	unty of S	San Francisco	; City of Admin	istrator's C	Office				
Division, Dept. o	r Region	Grants for the Arts						Area Code/Phone Number			
Designated Ager (Name, Title)	ncy Contact	Amy Chou,	Sr Progr	am Officer				Email	amy.chou@sfg	gov.org	
I have read and	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 Agency Head or Designee Amy Chou Print Name Amy Chou											
Title		Senior Program Officer Month, Day, Year 10/23/2025									
2. Function o	or Event Inform	ation									
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Descri (Provide Title/Ex		Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If 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	\$60.00	SF Music	Day	10/9/2025	No	Inter	music SF	No			
3. Recipients (Use Section A to		'	nit. Use Sed	ction B to identify an	individual. Use Sec	tion C to identit	,	zation.)			
		Α.				T.	В.	T		C.	T
Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)		public purpose made the agency's policy	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy