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1.	Agency Name				Date Stamp	California 802			
	City Administrator's Office,	<u> </u>	)			Form GUZ  For Official Use Only			
	Division, Department, or Reg	ion (if applicable)				For Official Use Offig			
	Grants for the Arts								
	Designated Agency Contact	(Name,Title)							
	Kristen Jacobson, Director	GFTA			Amendment (Must Pro	ovide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail			10/2/2025				
	628-233-5101	kristen.jacobson@s	sfgov.org		Date of Original Filing:	(month, day, year)			
_	Function or Event Infor	 mation							
۷.			— _	ooo Valuo of	Food Ticket/Door ©	69.00			
	Does the agency have a ticl		,		Each Ticket/Pass \$				
	Event Description: The Day	the Sky Turned Ora	nge D	ate(s) <u>09/09</u>	<u>9/2025                                   </u>				
		Provide Title/ Explai	nation	Con Ero	ancisco Bay Areat Thea	atro Company			
	Ticket(s)/Pass(es) provided	by agency? Yes L	□ No ■ If	no: <u>San Fra</u>	Name of Source	atre Company			
	Was ticket distribution made	e at the behest Ves r	□ No ■ If	yes:					
	of agency official?	163		y 00.	Official's Name (Last, First)				
3.	Recipients								
	<ul> <li>Use Section A to identify the ager</li> </ul>	ncy's department or unit. •	Use Section B to ic	dentify an individu	ual. Use Section C to identify	an outside organization.			
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy			
	ADM-GFTA		2	Grant/contr	act monitoring and con	nmunity building			
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:			
					nonial Role Other Ming "Ceremonial Role" or "Other" desc	Income Income			
				Carra	nonial Role Other	Income			
					king "Ceremonial Role" or "Other" desc				
			Number						
	C. Name of Outside O (include address and		of Ticket(s)/	Describe th	ne public purpose made purs	uant to the agency's policy			
			1 43363						
_									
4.	Verification								
	I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942. I	have verified	that the distribution set fo	rth above, is in accordance			
	Kristen Jacobson Date: 2025.10.02 13:56:58	Jacobson 9-07'00' Kristen Jacob	oson	Direc	ctor, GFTA	10/2/2025			
	Signature of Agency Head or Design	nee P	rint Name		Title	(month, day, year)			
	Comment:								

**Print** 

California Form

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

				A Pı	ublic Document			9/26/202	5
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 Age (Name, Title)	ncy Contact	Kristen Jacboson				Email	kristen.jacobson	n@sfgov.org	
I have read an	d understand FPI	PC Regulations 18944.1 a	nd 18942. I hav	e verified that the	distribution set forth, is in a	ccordance with the	requirements.		
Signature of Age Designee	ency Head or	15-17-0				Print Name	Kristen Jacobsor	1	
Title		Director, Grants for	the Arts			Month, Day, Year	r 9/26/2025		
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 o		
Yes	\$135.00	Deep River	9/20/2025	No	Alonzo King LINES Ballet	No			
3. Recipients (Use Section A to		s department or unit. Use Sec	tion B to identify an	individual. Use Secti	ion C to identify an outside organiza	ation.)			
		Δ.			В			C	

	A.		B.				C.		
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose mad pursuant to the agency's policy
ADM -GFTA	2	Grant monitoring and community building							

California Form 802

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

				A Pu	ıblic Document			9	/26/2025
1. Agency Na	ame	City 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 Agency Contact (Name, Title)  Kristen Jacboson  Kristen Jacboson  Kristen Jacboson  Kristen Jacboson									
I have read an	d understand FPI	PC Regulations 18944.1 a	nd 18942. I hav	e verified that the	distribution set forth, is in a	ccordance with the i	requirements.		
Signature of Age Designee	ency Head or	15.110				Print Name	Kristen Jacobso	on	
Title		Director, Grants for	the Arts	Month, Day, Year 9/26/2025			9/26/2025		
2. Function o	or Event Inform	nation							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Namo (Last, F		
Yes	\$75.00	Flower Piano	9/20/2025	No	Gardens of Golden Gate Park	No			
<ol><li>Recipients</li><li>(Use Section A to</li></ol>		s department or unit. Use Sec	tion B to identify an	individual. Use Secti	on C to identify an outside organiza	ation.)			
		A.			B.			C.	

	A.		B.				C.		
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
ADM -GFTA	2	Grant monitoring and community building							

California Form 802

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

				A Pı	ublic Document			g	0/26/2025
1. Agency Na	ame	City Administrator's	Office, City of	San Francisco	)				
Division, Dept. o	r Region	Grants for the Arts				Area Code/Phone Number	628-233-5101		
Designated Ager (Name, Title)	kristen.jacobso	n@sfgov.org	Ţ						
I have read an	d understand FPI	PC Regulations 18944.1 a	nd 18942. I have	e verified that the	distribution set forth, is in a	cordance with the	requirements.		
Signature of Age Designee	ency Head or	15-17-0				Print Name	Kristen Jacobsc	on	
Title		Director, Grants for	the Arts			Month, Day, Year	r 9/26/2025		
2. Function o	or Event Inform	ation							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	lf yes, list Name (Last, Fi		
Yes	\$40.00	Sunset Baby	9/19/2025	No	Lorraine Hansberry Theatre	No			
3. Recipients (Use Section A to		s department or unit. Use Sec	tion B to identify an	individual. Use Sect	on C to identify an outside organiza	ition.)		C.	

	A.		B.				C.		
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
ADM -GFTA	2	Grant monitoring and community building							

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

#### A Public Document

ie	City and County of S	San Francisco	; City of Admin	istrator's Office						
Region	Grants for the Arts				Area Code/Phone Number					
y Contact	Amy Chou, Sr Prog	ram 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.										
cy Head or		Ar		Print Name	Amy Chou					
Title Senior Program Officer					Month, Day, Year	9/10/2025				
							-			
Event Inform	ation									
Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)							
\$50.00	Flower Piano	9/13/2025	No	Gardens of Golden Gate Park	No					
R	egion  Contact  Inderstand FPF  y Head or  Event Inform  ace Value of each Ticket/Pass	Grants for the Arts  Contact  Amy Chou, Sr Program Office Senior P	Grants for the Arts  Contact  Amy Chou, Sr Program Officer  Inderstand FPPC Regulations 18944.1 and 18942. I have by Head or  Senior Program Officer  Event Information  Event Description (Provide Title/Explanation)  Event Date(s)	Grants for the Arts  Contact  Amy Chou, Sr Program Officer  Inderstand FPPC Regulations 18944.1 and 18942. I have verified that the sy Head or  Amy Chou  Senior Program Officer  Event Information  Event Information  Event Description (Provide Title/Explanation)  Event Date(s)  Ticket(s)/Pass(es) provided by Agency? (Y/N)	Grants for the Arts  Contact  Amy Chou, Sr Program Officer  Inderstand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in act y Head or  Amy Chou  Senior Program Officer  Event Information  Event Information  Event Description (Provide Title/Explanation)  Event Date(s)  Fino, list Name of Source  Gardens of Golden Gate	Grants for the Arts  Contact  Amy Chou, Sr Program Officer  Email  Inderstand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the received by Head or  Amy Chou  Print Name  Senior Program Officer  Event Information  Event Description (Provide Title/Explanation)  Event Date(s)  Fino, list Name of Source  Gardens of Golden Gate	Grants for the Arts  Amy Chou, Sr Program Officer  Inderstand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.  Amy Chou  Senior Program Officer  Amy Chou  Senior Program Officer  Month, Day, Year  9/10/2025  Event Information  Event Description (Provide Title/Explanation)  Event Date(s)  Fino, list Name of Source (Y/N)  Gardens of Golden Gate  Gardens of Golden Gate			

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

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

#### A Public Document

1. Agency Na	ıme	City and County of S	San Francisco	o; 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 Prog	ram Officer			Email	amy.chou@sfgov.org	
I have read and	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 r	equirements.	
Signature of Age Designee	ency Head or		Ar		Print Name	Amy Chou		
Title Senior Program Officer						Month, Day, Year	9/10/2025	
								7
2. Function of	r Event Inform	ation						
Does the agency have ticket policy (Y/N) Face Value of each (Provide Title/Explanation) Event Date(s) Ticket(s)/Pass(es) provided by Agency? (Y/N) If no, list Name of Source							If yes, list Name of Official (Last, First)	
Yes	\$10.00	Buttons On!	9/5/2025	No	Museum of Craft & Design	No		

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

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

#### A Public Document

1. Agency Na	ıme	City Administrator's	y Administrator's Office, City and County of San Francisco								
Division, Dept. or (If Applicable)	r Region	Grants for the Arts	rants for the Arts				415.554.6710				
Designated Agen (Name, Title)	ncy Contact	Lorraine Cawili-Thy	Operations a	and Programs (	Officer	Email	lorraine.cawili-thy@sfgov.org				
I have read and	d understand FPF	PC Regulations 18944.1 a	nd 18942. I have	e verified that the	distribution set forth, is in a	ccordance with the r	requirements.				
Signature of Agency Head or Designee Lor			Lorrain	e Cawili-Thy		Print Name	Lorraine Cawili-Thy				
Title		Operations and Pro	grams Officer			Month, Day, Year	9/26/2025				
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	\$131.00	Kim's Convenience	9/24/2025	No	American Conservatory Theatre	No					

### 3. Recipients

	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							
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California Form 802

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

#### A Public Document

1. Agency Na	me	City Administrator's	Administrator's Office, City and County of San Francisco										
Division, Dept. or (If Applicable)	r Region	Grants for the Arts	ants for the Arts				415.554.6710						
Designated Agen (Name, Title)	cy Contact	Sarah Simon, Progr	am Officer			Email sarah.simon@sfgov.org							
I have read and	d understand FPP	C Regulations 18944.1 a	nd 18942. I have	e verified that the	distribution set forth, is in ac	cordance with the r	requirements.						
Signature of Age Designee	Signature of Agency Head or Designee Sarah Simon				Print Name	Sarah Simon							
Title		Program Officer				Month, Day, Year	9/13/2025						
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	\$40.00	Flower Piano	9/13/2025	No	Gardens of Golden Gate Park	No							

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

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

#### A Public Document

1. Agency Na	me	City Administrator's Office, City and County of San Francisco									
Division, Dept. or (If Applicable)	Region	Grants for the Arts				Area Code/Phone Number	415.554.6710				
Designated Agen Name, Title)	cy Contact	Raysean Jones, Pro	gram Officer			Email raysean.jones@sfgov.org					
l have read and	l understand FPF	C Regulations 18944.1 a	nd 18942. I hav	e verified that the d	listribution set forth, is in a	ccordance with the r	equirements.				
Signature of Agency Head or Designee Raysean Jones					Print Name	Print Name Raysean Jones					
Title		Program Officer				Month, Day, Year	9/24/2025				
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	\$35.00		9/24/2025		Red Poppy Art House						

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