

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

A Public Document

1. Agency Name City Administrator's Office, City of San Francisco		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Grants for the Arts			
Designated Agency Contact (Name, Title) Kristen Jacobson, Director GFTA			
Area Code/Phone Number 628-233-5101	E-mail kristen.jacobson@sfgov.org	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: 10/2/2025 (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 69.00

Event Description: The Day the Sky Turned Orange Date(s) 09/09/2025
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: San Francisco Bay Area Theatre Company
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes:
Official's Name (Last, 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. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
ADM-GFTA	2	Grant/contract monitoring and community building
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Kristen Jacobson <small>Digitally signed by Kristen Jacobson Date: 2025.10.02 13:56:59 -07'00'</small>	Kristen Jacobson	Director, GFTA	10/2/2025
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____

Print

Clear

California Form **802**

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

9/26/2025

1. Agency Name	City Administrator's Office, City of San Francisco		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	628-233-5101
Designated Agency Contact (Name, Title)	Kristen Jacobson	Email	kristen.jacobson@sfgov.org

Signature of Agency Head or Designee		Print Name	Kristen Jacobson
Title	Director, Grants for the Arts	Month, Day, Year	9/26/2025

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	\$135.00	Deep River	9/20/2025	No	Alonzo King LINES Ballet	No	

(Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.)

[illegible]

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1. Agency Name	City Administrator's Office, City of San Francisco		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	628-233-5101
Designated Agency Contact (Name, Title)	Kristen Jacobson	Email	kristen.jacobson@sfgov.org

Signature of Agency Head or Designee		Print Name	Kristen Jacobson
Title	Director, Grants for the Arts	Month, Day, Year	9/26/2025

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	\$75.00	Flower Piano	9/20/2025	No	Gardens of Golden Gate Park	No	

[illegible]

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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$40.00	Sunset Baby	9/19/2025	No	Lorraine Hansberry Theatre	No	

(Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.)

[illegible]

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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$50.00	Flower Piano	9/13/2025	No	Gardens of Golden Gate Park	No	

(Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.)

FPPC Form 802x (2012)
FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

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1. Agency Name	City and County of San Francisco; City of Administrator's Office		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	
Designated Agency Contact (Name, Title)	Amy Chou, Sr Program Officer	Email	amy.chou@sfgov.org

Signature of Agency Head or Designee	Amy Chou	Print Name	Amy Chou
Title	Senior Program Officer	Month, Day, Year	9/10/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$10.00	Buttons On!	9/5/2025	No	Museum of Craft & Design	No	

(Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.)

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Ceremonial Role Events
and Ticket/Pass Distributions**

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1. Agency Name	City Administrator's Office, City and County of San Francisco		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	415.554.6710
Designated Agency Contact (Name, Title)	Lorraine Cawili-Thy, Operations and Programs Officer	Email	lorraine.cawili-thy@sfgov.org

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.

Signature of Agency Head or Designee	Lorraine Cawili-Thy	Print Name	Lorraine Cawili-Thy
Title	Operations and Programs Officer	Month, Day, Year	9/26/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$131.00	Kim's Convenience	9/24/2025	No	American Conservatory Theatre	No	

3. Recipients
(Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.)

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

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1. Agency Name	City Administrator's Office, City and County of San Francisco		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	415.554.6710
Designated Agency Contact (Name, Title)	Sarah Simon, Program Officer	Email	sarah.simon@sfgov.org

Signature of Agency Head or Designee	Sarah Simon	Print Name	Sarah Simon
Title	Program Officer	Month, Day, Year	9/13/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$40.00	Flower Piano	9/13/2025	No	Gardens of Golden Gate Park	No	

(Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.)

[illegible]

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1. Agency Name	City Administrator's Office, City and County of San Francisco		
Division, Dept. or Region (If Applicable)	Grants for the Arts	Area Code/Phone Number	415.554.6710
Designated Agency Contact (Name, Title)	Raysean Jones, Program Officer	Email	raysean.jones@sfgov.org

Signature of Agency Head or Designee	Raysean Jones	Print Name	Raysean Jones
Title	Program Officer	Month, Day, Year	9/24/2025

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$35.00		9/24/2025		Red Poppy Art House		

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