

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

A Public Document

1. Agency Name
City and County of San Francisco, Office of the Mayor
Division, Department, or Region (if applicable)

| | | |
|--|------------------------------------|--|
| Designated Agency Contact (Name, Title) | Date Stamp | California Form 802 |
| Dexter Darmali, Legislative & Ethics Secretary | | For Official Use Only |
| Area Code/Phone Number 415-554-6141 | E-mail dexter.darmali@sfgov.org | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) |
| | | Date of Original Filing: (month, day, year) |

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Face Value of Each Ticket/Pass \$ 194.00

Event Description: FISHER concert

Date(s) 12/20/2025

Ticket(s)/Pass(es) provided by agency? Yes No

If no: Danny Bell, Goldenvoice

Was ticket distribution made at the behest
of agency official? Yes No If yes: _____

Name of Source

Officer'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 **Describe the public purpose made pursuant to the agency's policy**

B. Name of Individual (Last, First) **Identify one of the following:**

C. Name of Outside Organization (include address and description) **Number of Ticket(s)/Passes** **Ceremonial Role** Other Income
If checking "Ceremonial Role" or "Other" describe below:

Polselli, Angelina 1 Presentation of Certificate

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**

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.

Dexter Darmali Dexter Darmali **Legislative & Ethics Secretary** 01/16/2026
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Print

Clear