

**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)

Date Stamp

Call Center
802
For Citizen Use Only

Designated Agency Contact (Name, Title)

Dexter Darmali, Legislative & Ethnic Secretary

Email

dexter.darmali@sfgov.org

Amendment (Use Previous Expiration in Part 1)

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 \$ 115.00

Event Description: Saw Smith Concert Date(s) 3 13 26

Provide Ticket Description

Ticket(s) (P/Passes) provided by agency? Yes No If no: Another Player Entertainment

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) Passed	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s) Passed	Identify one of the following: Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> E-Reading/Download/Text or Other Digital Value <input type="checkbox"/> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> E-Reading/Download/Text or Other Digital Value <input type="checkbox"/> In Person <input type="checkbox"/>
C. Name of Outside Organization (include address and description)	Number of Ticket(s) Passed	Describe the public purpose made pursuant to the agency's policy

Luri, Daniel 2 Proclamation Presentation

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942.1 and warrant that the distribution set forth above, is in accordance with the requirements.

Dexter Darmali Dexter Darmali legislative + Ethnic Secretary 4/13/2026
(Signature of Agency Head or Designee) (Print Name) (Title) (Month, day, year)

Comments: _____

Print

Clear