California Form 802

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

1. Agency Na	ame	San Francisco Arts	Commission							
Division, Dept. o	r Region					Area Code/Phone Number	415-252-2238			
Designated Ager (Name, Title)	ncy Contact	Joanne Lee, Deputy	/ Director of F		Email	။ joanne.lee1@sfgov.org				
I have read and understand FPP G-Reg Dischisting in the properties of the properties of the distribution set forth, is in accordance with the requirements.										
Signature of Agency Head or Designee Ralph Rumington Print Name Ralph Remington										
Title		8E2E3A3D19EA4E7	Affairs			Month, Day, Year				
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)	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	\$65	Art Market	4/22/23	Yes		No				
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	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 policy
Public Art	2	Increasing the understanding and offerings and operations of the Ar officers and employees involved i funding, advising, management or Arts Commission.;Supporting loca businesses, including charitable	<b>"</b>						
		-							
		-							

Yes

\$120-155

SF Symphony: Jurassic Park Live

Yes

1/6/23

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

California Form

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

No

1. Agency Na	ıme	San Francisco Arts	Commission				,		
Division, Dept. of (If Applicable)	r Region					Area Code/Phone Number	415-252-2238		
Designated Agen (Name, Title)	ncy Contact	Joanne Lee, Deputy	/ Director of P	rograms		Email	joanne.lee1@sfgov.org		
I have read and	d understand FPI	DocuSigned by: Regulations 18944.1 o							
Signature of Age Designee	ency Head or	Kalple Kemin	gton			Print Name	Ralph Remington		
		8E2E3A3D19EA4E							
Title		Director of Cultural	Attairs			Month, Day, Year			
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)		

•	•								
	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
Community Investments	2	Increasing the understanding and offerings and operations of the Ar officers and employees involved i funding, advising, management of Arts Commission.; Supporting loce businesses, including charitable	s Commission by City the governance, administration of the						
Gallery	6	Promotion of cultural, artistic, educational, recreational, and community activities in the City.;							
Admin	4	Promotion of cultural, artistic, educational, recreational, and community activities in the City.;							
Public Art	2	Promotion of cultural, artistic, educational, recreational, and community activities in the City.;							
		enhancing intergovernmental relat through including attendance at ev	ons						
		with or by elected and appointed	ents						
		officials, and immediate family members, from other jurisdictions.							
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Event Description (Provide Title/Explanation)

SF Ballet: next@90 Festival

Does the agency have ticket policy (Y/N)

Yes

Face Value of each Ticket/Pass

\$45-88

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

California **802** 

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

A Public Document

1. Agency Name	San Francisco Arts Commission		_
Division, Dept. or Region (If Applicable)		Area Code/Phone Number	415-252-2238
Designated Agency Contact (Name, Title)	Joanne Lee, Deputy Director of Programs	Email	joanne.lee1@sfgov.org
I have read and understand FP	DocuSigned by: C Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in a	ccordance with the	requirements.
Signature of Agency Head or Designee	Kalph Kemington	Print Name	Ralph Remington
Title	—8E2E3A3D19EA4E1 Director of Cultural Affairs	Month, Day, Year	
0 F			
2. Function or Event Inform	ation		

If no, list Name of Source

Was ticket distribution made at the behest of agency official? (Y/N)

No

If yes, list Name of Official (Last, First)

Ticket(s)/Pass(es) provided by Agency? (Y/N)

Yes

Event Date(s)

1/25/23

<u> </u>	SF Ballet: next@90	restival		!					
	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
Gallery	2	Promotion of cultural, artistic, educational, recreational, and community activities in the City.;							
Admin	2	Promotion of cultural, artistic, educational, recreational, and community activities in the City.;							
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California Form 802

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

1. Agency Na	ıme	San Francisco Arts	Commission				-			
Division, Dept. of	r Region					Area Code/Phone Number	rea Code/Phone Number 415-252-2238			
Designated Agen (Name, Title)	ncy Contact	Joanne Lee, Deputy	Director of P	rograms		Email	ii joanne.lee1@sfgov.org			
I have read and understand FPPC Regulatismg 1894.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.										
Signature of Age Designee	ency Head or	Kalple Remin	aton		Print Name	Ralph Remington				
Title		Dire8E6F363E13E6451	<i>0</i> Affairs			Month, Day, Year				
								1		
2. Function o	r Event Inform	ation								
Does the agency have ticket policy (Y/N) Face Value of each (Provide Title/Explanation) Event Date(s) (Y/N) [Iro, list Name of Source]  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)					
(Y/N) LICKETP-ASS (Provide Inter-Explanation) Event Date(s) (Y/N) If no, list Name of Source  Yes \$40 de Young: Ramses the Great 2/4/23 Yes						No		]		

	A.	I			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 policy
Admin	2	Increasing the understanding and offerings and operations of the Ar officers and employees involved it funding, advising, management on Arts Commission.;Supporting loca businesses, including charitable	s Commission by City the governance, administration of the						
		Promotion of cultural, artistic, educational, recreational, and community activities in the City.;							
		- - -							

Yes

\$90 - \$240

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

California Form

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

#### A Public Document

1. Agency Na	me	San Francisco Arts	Commission						
Division, Dept. or (If Applicable)	r Region					Area Code/Phone Number	415-252-2238		
Designated Agen (Name, Title)	cy Contact	Joanne Lee, Deputy	Director of P	rograms		Email	ii joanne.lee1@sfgov.org		
I have read and	d understand FPI	Regulations 18944.1 c	ınd 18942. I hav	e verified that the	distribution set forth, is in a	ccordance with the	requirements.		
Signature of Age Designee	ncy Head or	Ralph Remin	gton			Print Name	Ralph Remington		
Title		Director of Cultural				Month, Day, Year			
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)		

No

Yes

2/5/23

SF Symphony: Lunar New Year

· 	•	·		•		•	•		· 
	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
Community Investments	2	Increasing the understanding and offerings and operations of the Ar officers and employees involved i funding, advising, management o Arts Commission.;Supporting locs businesses, including charitable	s Commission by City the governance, administration of the						
Admin	10	Promotion of cultural, artistic, educational, recreational, and community activities in the City.;							
Public Art	2	Promotion of cultural, artistic, educational, recreational, and community activities in the City.;							
Finance	4	Promotion of cultural, artistic, educational, recreational, and community activities in the City.;							
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Yes

\$119 - \$155

SF Symphony: Prokofiev's

2/17/23

Yes

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

California **802** 

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

#### A Public Document

1. Agency Na	me	San Francisco Arts	Commission							
Division, Dept. or (If Applicable)	Region					Area Code/Phone Number	415-252-2238			
Designated Agen (Name, Title)		Joanne Lee, Deputy	Director of P	rograms		Email	ii joanne.lee1@sfgov.org			
I have read and	d understand FPI	C Regulation 18944.1 a	Regardin 1894 (1) and 18942. I have verified that the distribution set forth, is in accordance with the requirements.							
Signature of Age Designee	ncy Head or	Ralph Remin	ston			Print Name	Ralph Remington			
Title		8E2E3A3D19EA4E1. Director of Cultural	Affairs			Month, Day, Year				
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)			

No

	Romeo and Juliet	tollov o	!						
	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
Community Investments	4	Increasing the understanding and offerings and operations of the Ar officers and employees involved i funding, advising, management o Arts Commission.;Supporting local businesses, including charitable	s Commission by City the governance, administration of the						
Public Art	4	Promotion of cultural, artistic, educational, recreational, and community activities in the City.;							
Galleries	2	Promotion of cultural, artistic, educational, recreational, and community activities in the City.;							
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California Form 802

Form OOL

					and Ticket	/Pass Dis	stributions					
					A Pu	ıblic Docur	ment					
1. Agency Na	me	San Francis	sco Arts	Commission						-		
Division, Dept. or (If Applicable)	Region							Area Code/Phone Number	415-252-2238			
Designated Agen (Name, Title)	cy Contact	Joanne Lee	e, Deput	A Public Document    A Public Document   A Public Document								
I have read and	d understand FPI	C Regulation	red by 18944.1	A Public Document  Area Code/Phone Number 415-252-2238  putty Director of Programs  Email joanne.lee1@sfgov.org  F.1. and 18942. I have verified that the distribution set forth, is in accordance with the requirements.  Print Name  Alph Remington  Tickef(s)/Pass(es) provided by Agoncy?  (VN)  Fin No, list Name of Source  No  B.  Uwas ticker distribution made at the beheat of agency official? (YN)  Last, First)  No  No  No  No  No  No  No  Describe the public purpose made and to the spency and generation of the pass(es) policy  Ticket(s)/Pass(es)  Pass(es)  No  No  Describe the public purpose made (Last, First)  No  No  No  No  No  No  No  No  No  N								
Signature of Age Designee	ncy Head or	Kalpli	Remin	Arts Commission  Area Code/Phone Number 415-252-2238  Deputy Director of Programs  Email joanne.lee1@sfgov.org  ### Joanne.lee1@s								
Title			D19EA4E1 Cultural					Month, Day, Year				
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Desc (Provide Title/E:		Event Date(s)	provided by Agency?	If no list N	Jame of Source	made at the behest of				
Yes	\$25	SOMA Pilipinas/Mu-	-Mu SF/			11 110, 1101	tamo or course		(Edot, Fi			
		Filiipino Cultural Cer for Terno	nter: Tern out	•		•		•				
		A.								C.		
Name of Agency,	Department or Unit	Number of Ticket(s)/ Pass(es)				Ticket(s)/	following: (Ceremonial Role,	"Ceremonial Role" or	Organization (Include address and		made pursuant to the agency's	
Commur	nity Investments	2	offerings ar officers and funding, ad Arts Comm	nd operations of the Ari d employees involved in lvising, management or hission.;Supporting local	s Commission by City the governance, administration of the							
			educational	, recreational, and								

Event Description (Provide Title/Explanation)

Does the agency have ticket policy (Y/N)

Face Value of each Ticket/Pass

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

California Form 802

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

#### A Public Document

1. Agency Name	San Francisco Arts Commission		
Division, Dept. or Region (If Applicable)		Area Code/Phone Number	415-252-2238
Designated Agency Contact (Name, Title)	Joanne Lee, Deputy Director of Programs	Email	joanne.lee1@sfgov.org
I have read and understand FPI	- ୧୯ Regulavoin 98 944.1 and 18942. I have verified that the distribution set forth, is in a	ccordance with the	requirements.
Signature of Agency Head or Designee	Kalph Kemington	Print Name	Ralph Remington
Title	—8E2E3A3D19EA4E1 Director of Cultural Affairs	Month, Day, Year	
0 F	-4		
2. Function or Event Inform	ation		

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)

Ticket(s)/Pass(es) provided by Agency? (Y/N)

Event Date(s)

Yes	\$119	SF Symphony: Wor	ld Premiere -	2/23/23	Yes			No			
-		SF Symphony: Work Work by Samuel Ad	lams								ļ
		^					В.				
		A.				1				C.	
Name of Agency,	, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the	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
	nity Investments	2	Increasing to offerings and officers and funding, adv Arts Commi	the understanding and	appreciation of the s Commission by City the governance, administration of the	.,				, , ,	
			Promotion of educational, community a City.;	of cultural, artistic, recreational, and activities in the							
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California Form 802

Form OUZ

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

1. Agency Na	ıme	San Francisco Arts	Commission				-	
Division, Dept. o	r Region					Area Code/Phone Number	415-252-2238	
Designated Ager (Name, Title)	ncy Contact	Joanne Lee, Deputy	/ Director of P	rograms		Email	joanne.lee1@sfgov.org	
I have read an	ve read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in a ature of Agency Head or						requirements.	
Signature of Age Designee	ature of Agency Head or RADIA, REMINATORA,						Ralph Remington	
Title		Director of Cultural	Affairs			Month, Day, Year		
2. Function of	r Event Inform	vent 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	\$31	SF BATCO	3/18/23	Yes		No		

					_				
	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 policy
Admin	2	Increasing the understanding and offerings and operations of the An officers and employees involved in funding, advising, management or Arts Commission.;Supporting loca businesses, including charitable	administration of the						
		- - -							

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

California Form

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1. Agency Na	me	San Francisco Arts	Commission				•	
Division, Dept. of (If Applicable)	r Region					Area Code/Phone Number	415-252-2238	
Designated Agen (Name, Title)	cy Contact	Joanne Lee, Deputy	Director of F	rograms		Email	joanne.lee1@sfgov.org	
I have read and	d understand FPI	C Regulations 18944:1	ınd 18942. I hav	e verified that the	distribution set forth, is in a	accordance with the	requirements.	
Signature of Age Designee	ncy Head or	Kalple Kemin	gton			Print Name	Ralph Remington	
Title		Director of Cultural				Month, Day, Year		
								ı
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)	

(Y/N)	Ticket/Pass	(Provide Title/E)	planation)	Event Date(s)	(Y/N)	If no, list N	lame of Source	agency official? (Y/N)	(Last, F	irst)	
Yes	\$31	SF BATCO		3/18/23	Yes			No			
		3F BATCO									l
		A.					B.			C.	
		1					Identify one of the		Name of Outside	1	
						Number of	following:	Description of	Organization		Describe the public purpose
		Number of	Describe the	public purpose made	Name of Individual	Ticket(s)/	(Ceremonial Role,	"Ceremonial Role" or	(Include address and	Number of	made pursuant to the agency's
Name of Agency,	Department or Unit	Ticket(s)/ Pass(es)	pursuant to	the agency's policy	(Last, First)	Pass(es)	Other, or Income)	"Other"	description)	Ticket(s)/ Pass(es)	policy
				the understanding and	appropiation of the						
			offerings ar	nd operations of the Ar	s Commission by City						
Admin		2	officers and	l employees involved i	s Commission by City the governance,						
		2	funding, ad	vising, management o	administration of the						
				ission.;Supporting loca							
			businesse	s, including charitable	organizations;						
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#### **Agency Report of: Ceremonial Role Events** and Ticket/Pass Distributions

California Form

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1. Agency Na	me	San Francisco Arts	Commission				-	
Division, Dept. or (If Applicable)	Region					Area Code/Phone Number	415-252-2238	
Designated Agen (Name, Title)	cy Contact	Joanne Lee, Deputy	Director of P	rograms		Email	joanne.lee1@sfgov.org	
I have read and	d understand FPI	DocuSigned by: Regulations 18944.1 o	ınd 18942. I hav	e verified that the	distribution set forth, is in a	ccordance with the	requirements.	
Signature of Age Designee	ncy Head or	Ralple Remin	U			Print Name	Ralph Remington	
Title		Director of Cultural				Month, Day, Year		
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)	

(1/14)	HUKUU USS	(I TOVIGE TRIE/EX	piariation)	Event Date(3)	(1714)	11 110, 1130 11	lattic of Cource	agency official: (1/14)	(Last, 11	1131)	
Yes	\$95	MoAD: Hat Matter: 1	Thoughts of	3/25/23	Yes			No			
		a Black Mad Hatter	Thoughto of								ļ
		A.					B.			C.	
Name of Agency,	Department or Unit	Number of Ticket(s)/ Pass(es)		e public purpose made o 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
Admin	·	2	Increasing offerings ar officers and funding, ad Arts Comm	the understanding and	appreciation of the s Commission by City the governance, administration of the						
			Promotion of educational	of cultural, artistic, , recreational, and activities in the							
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California Form 802

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

1. Agency Na	ame	San Francis	sco Arts	Commission							
Division, Dept. o	or Region							Area Code/Phone Number	415-252-2238		
Designated Ager Name, Title)	ncy Contact	Joanne Lee	e, Deputy	y Director of P	rograms			Email	joanne.lee1@s	fgov.org	
have read an	d understand FPI	DocuSig	ned by:			distribution	set forth. is in a	ccordance with the		0 0	
Signature of Age Designee		Ralph 8E2E3A3	Kemin	gton	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		Ralph Remingt	on	
Γitle		Director of (	Cultural	Affairs				Month, Day, Year			
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2. Function of	or Event Inform	ation		ı				ı	ı		
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Desci (Provide Title/Ex	ription planation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list N	Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name (Last, Fi		
Yes	\$30	African-American Sh Company: The Glas Directed by Dr. Mon	s Menagerie ica Ndounou	3/26/23	Yes			No			
		by Tennessee Willia	ms								
		A.					B.			C.	
Name of Agency,	, Department or Unit	Number of Ticket(s)/ Pass(es)		e public purpose made o 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
Commu	unity Invesments	2	offerings an officers and funding, ad Arts Commi	the understanding and id operations of the Arl I employees involved in vising, management or ission.;Supporting loca s, including charitable	s Commission by City the governance, administration of the						
			_								
			<del>.</del>								

Yes

Theater Works: Fannie

\$82

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

California Form

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

No

1. Agency Na	me	San Francisco Arts	Commission				<del>.</del>		
Division, Dept. or (If Applicable)	Region					Area Code/Phone Number	415-252-2238		
Designated Agen (Name, Title)	cy Contact	Joanne Lee, Deputy	Director of P	rograms		Email	joanne.lee1@sfgov.org		
I have read and	d understand FP	DocuSigned by: C Regulations 18944.1 o	ınd 18942. I hav	e verified that the	distribution set forth, is in a	ccordance with the	requirements.		
Signature of Age Designee	ncy Head or	Ralph Remina	gton			Print Name	Ralph Remington		
Title		Director of Cultural	 Affairs			Month, Day, Year	Year		
			ector of Cultural Affairs					1	
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

4/1/23

	Theater Works: Fan								
			ı						
	A.			I	В.	T		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 purpos made pursuant to the agenc policy
Admin	2	Increasing the understanding and offerings and operations of the Ar officers and employees involved i funding, advising, management or Arts Commission.;Supporting loce businesses, including charitable	the governance, administration of the						
		Promotion of cultural, artistic, educational, recreational, and community activities in the City.;							
		-							
		-							
		=							

Yes

\$35

4/2/23

Cuba Caribe: Mouth of the Shark

Yes

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

California Form 802

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

#### A Public Document

1. Agency Na	me	San Francisco Arts	Commission						
Division, Dept. or (If Applicable)	r Region					Area Code/Phone Number	415-252-2238		
Designated Agen (Name, Title)	cy Contact	Joanne Lee, Deputy	/ Director of P	rograms		Email	joanne.lee1@sfgov.org		
I have read and	d understand F	PC REGUISIONED 189944.1 (	and 18942. I hav	e verified that the	distribution set forth, is in a	accordance with the	requirements.		
Signature of Age Designee	ncy Head or	Kalple Keming	ton			Print Name	Ralph Remington		
Title		—8E2E3A3D19EA4E1 Director of Cultural	Affairs			Month, Day, Year			
								1	
2. Function o	r Event Inform	ation							
Does the agency have ticket policy	Face Value of each	Event Description	Fuent Date(e)	Ticket(s)/Pass(es) provided by Agency?	If no list Name of Course	Was ticket distribution made at the behest of	If yes, list Name of Official		

No

	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
Community Invesments	1	Increasing the understanding and offerings and operations of the Ar officers and employees involved funding, advising, management or Arts Commission.;Supporting loca businesses, including charitable	1						
		-							

Does the agency have ticket policy (Y/N)

Face Value of each Ticket/Pass Event Description (Provide Title/Explanation)

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

California Form 802

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

A Public Document

1. Agency Name	San Francisco Arts Commission		
Division, Dept. or Region (If Applicable)		Area Code/Phone Number	415-252-2238
Designated Agency Contact (Name, Title)	Joanne Lee, Deputy Director of Programs	Email	joanne.lee1@sfgov.org
I have read and understand FP	DocuSigned by: PC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in a	ccordance with the	e requirements.
Signature of Agency Head or Designee	Ralph Remington	Print Name	Ralph Remington
Title	Director of Cultural Affairs	Month, Day, Year	
0 F	anta-		
2. Function or Event Inform	iation		

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)

Ticket(s)/Pass(es) provided by Agency? (Y/N)

Event Date(s)

Yes	\$82	Theater Works: A Di	istinct Society	4/1/23	Yes			No	, , , ,	- /	
		THEBEL WORLS. A DI	istilict Cocicty								
		A.					В.			C.	
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
Admin		2	offerings ar officers and funding, ad Arts Comm	the understanding and id operations of the Ar employees involved in vising, management of ission.;Supporting local s, including charitable	s Commission by City the governance, administration of the						
			educational	of cultural, artistic, recreational, and activities in the							
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California Form 802

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

1. Agency Na	ame	San Francisco Arts	Commission				<u>-</u>		
Division, Dept. o	r Region					Area Code/Phone Number	415-252-2238		
Designated Ager (Name, Title)	ncy Contact	Joanne Lee, Deputy	Director of F	rograms		Email	joanne.lee1@sfgov.org		
I have read and understand FFPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.									
Signature of Agency Head or Raph Remington						Print Name	Ralph Remington		
Title	`	——8E2E3A3D19EA4E1 Director of Cultural				Month, Day, Year			
2. Function of	r Event Inform	ation							
Does the agency have ticket policy (Y/N)	ave ticket policy Face Value of each Event Description provided by Agency?					Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)		
Yes \$65 A.C.T: Poor Yella Rednecks: 4/12/23 Yes Vietgone 2						No			
		Victgorio 2							

	A.				B.			Describe the public purpos			
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		
Admin	2	Increasing the understanding and offerings and operations of the Ar officers and employees involved i funding, advising, management or Arts Commission.;Supporting local businesses, including charitable	administration of the								
		Promotion of cultural, artistic, educational, recreational, and community activities in the City.;									
		•									

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

California Form

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

#### A Public Document

1. Agency Na	me	San Francisco Arts	Ticket(s)/Pass(es)  Was ticket distribution					
Division, Dept. or (If Applicable)	Region						415-252-2238	
Designated Agen (Name, Title)		Joanne Lee, Deputy	Director of P	rograms		Email	joanne.lee1@sfgov.org	
I have read and	l understand FPI	DocuSigned by: Regulations 18944.1 c	ınd 18942. I hav	e verified that the	distribution set forth, is in a	accordance with the	requirements.	
Signature of Ager Designee	ncy Head or	( '   '	0			Print Name	Ralph Remington	
Title						Month, Day, Year		
2. Function or	r Event Inform	ation						I
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	\$250	SFMOMA Art Bash		4/19/23	Yes			No			
	•	•		•	•			•	•		•
		A.					В.			C.	
Name of Agency,	Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pursuant to	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
Admin		2	funding, ad Arts Comm	employees involved it	administration of the						
			educational.	of cultural, artistic, recreational, and activities in the							
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Does the agency have ticket policy (Y/N)

Yes

Face Value of each Ticket/Pass

\$65

Event Description (Provide Title/Explanation)

Art Market

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

California 802

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

A Public Document

1. Agency Name	San Francisco Arts Commission		
Division, Dept. or Region (If Applicable)		Area Code/Phone Number	415-252-2238
Designated Agency Contact (Name, Title)	Joanne Lee, Deputy Director of Programs	Email	joanne.lee1@sfgov.org
I have read and understand FP	CREGUIATIONS 18944.1 and 18942. I have verified that the distribution set forth, is in a	ccordance with the	e requirements.
Signature of Agency Head or Designee	Kalple Kemington	Print Name	Ralph Remington
Title	—8E2E3A3D19EA4E1 Director of Cultural Affairs	Month, Day, Year	
2. Function or Event Inform	action		
2. Function of Event inform	iation		

If no, list Name of Source

Was ticket distribution made at the behest of agency official? (Y/N)

No

If yes, list Name of Official (Last, First)

Ticket(s)/Pass(es) provided by Agency? (Y/N)

Yes

Event Date(s)

4/22/23

	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 policy	
Admin	6	Increasing the understanding and offerings and operations of the Ar officers and employees involved in funding, advising, management ou Arts Commission.; Supporting loca businesses, including charitable	administration of the							
Community Investments	3	Promotion of cultural, artistic, educational, recreational, and community activities in the City.;								
Galleries	1	Promotion of cultural, artistic, educational, recreational, and community activities in the City.;								
Commission	3	Promotion of cultural, artistic, educational, recreational, and community activities in the City.;								
		<u>.</u>								
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SFFILM: Home is a Hotel

Yes

\$25

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

California Form

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

A Public Document

1. Agency Na	me	San Francisco Arts	Commission				-		
Division, Dept. or (If Applicable)	r Region					Area Code/Phone Number	415-252-2238		
Designated Agen (Name, Title)		Joanne Lee, Deputy	Director of P	rograms		Email	joanne.lee1@sfgov.org		
I have read and	d understand FF	DocuSigned by: PC Regulations 18944.1 o	ınd 18942. I hav	e verified that the	distribution set forth, is in a	ccordance with the	requirements.		
Signature of Age Designee	ncy Head or	Ralph Reming	ton			Print Name	Ralph Remington		
	1	8E2E3A3D19EA4E1	-						
Title		Director of Cultural	Affairs			Month, Day, Year			
			incolor of Outland Amana						
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)		

No

Yes

4/22/23

	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		
Community Investments	1	Increasing the understanding and offerings and operations of the Ar officers and employees involved i funding, advising, management of Arts Commission.; Supporting loce businesses, including charitable	ľ								
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		_									
		- - -									

California Form 802

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

1. Agency Na	ame	San Francis	sco Arts	Commission								
Division, Dept. o (If Applicable)	r Region							Area Code/Phone Number	415-252-2238			
Designated Ager (Name, Title)	ncy Contact	Joanne Lee	, Deput	y Director of P	rograms			Email	joanne.lee1@s	fgov.org		
I have read and	d understand FPF	DocuSigne C Regulations	ed by: 18944.1	and 18942. I have	e verified that the	distribution	set forth, is in a	ccordance with the	requirements.			
Signature of Age Designee	ency Head or	Kalple K						Print Name	Ralph Remingto	on		
Title		— 8E2E3A3D Director of (						Month, Day, Year				
											I	
2. Function o	or Event Inform	ation										
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Desci (Provide Title/Ex		Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list N	Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name (Last, Fi			
Yes	\$2	Old First Concerts: \ FISH ENSEMBLE -	WOODEN FROM	4/23/23	Yes			No				
		YEARS AND BEYO	CA - 120									
		A.					В.		C.			
Name of Agency,	Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)  Increasing the understandin				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	
Commu	inity Investments	1	offerings ar officers and funding, ad Arts Comm	the understanding and nd operations of the Ari d employees involved in dvising, management or ission.;Supporting loca s, including charitable	s Commission by City the governance, administration of the							
			-									

Taste: Root Division Gala

Yes

\$250

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

California Form

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

#### A Public Document

1. Agency Na	me	San Francisco Arts	in Francisco Arts Commission											
Division, Dept. or (If Applicable)	r Region		Area Code/Phone Number 415-252-2238											
Designated Agen (Name, Title)	cy Contact	Joanne Lee, Deputy	Director of P	rograms		Email	joanne.lee1@sfgov.org							
I have read and	d understand FPI	үС Regunations 18944.1 с	GOGN 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.											
Signature of Age Designee	ncy Head or	Kalple Kemin												
Title		Director of Cultural				Month, Day, Year								
								i						
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)	If yes, list Name of Official (Last, First)										

No

Yes

4/27/23

*				•					
	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 policy
Admin	2	Increasing the understanding and offerings and operations of the Ar officers and employees involved i funding, advising, management or Arts Commission.;Supporting loce businesses, including charitable	s Commission by City the governance, administration of the						
		Promotion of cultural, artistic, educational, recreational, and community activities in the City.;							
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## Agency Report of: **Ceremonial Role Events**

California Form

	and Ticket/Pass Distributions  If Amendment - Date of Original Filing (Month, Day, Year)  A Public Document														
					A Pu	ıblic Docur	nent								
1. Agency Na	ame	San Francis	sco Arts	Commission						-					
Division, Dept. o	or Region							Area Code/Phone Number	415-252-2238						
Designated Age (Name, Title)	ncy Contact	Joanne Lee	e, Deput	y Director of P	rograms			Email	joanne.lee1@s	fgov.org					
I have read an	nd understand FP	PC RDgau&igne	d1 <b>59</b> 44.1	and 18942. I hav	e verified that the	distribution	ccordance with the	requirements.							
Signature of Age Designee	ency Head or	Ralph R	cmin <i>a</i>	ton				Print Name	Ralph Remingt	on					
Title		8E2E3A3D <sup>2</sup> Director of	105451	•			Month, Day, Year								
							1								
2. Function of	or Event Inform	ation	Ticket(s)/Pass(es)  Was ticket distribution												
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Desci (Provide Title/Ex		Event Date(s)	e of Official										
Yes	\$28	17th annual Cuba C Festival of Dance ar	aribe	4/9/23	(Y/N) Yes	If no, list N	agency official? (Y/N) No	(Ecot, 1)	, and a second						
					I										
		A.					B. Identify one of the		Name of Outside	C.					
Name of Agency	, Department or Unit	Number of Ticket(s)/ Pass(es)		e public purpose made to the agency's policy	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
Gallerie	es	2	offerings a officers and funding, ac Arts Comm	the understanding and nd operations of the Ar d employees involved in dvising, management on hission.;Supporting locales, including charitable	s Commission by City the governance, administration of the										
			Duomood	so, morading onamazio	argumzationo,										
		1	1				1	l .		1					

California Form 802

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

A Public Document												
1. Agency Name San நக்காள்கள் Ayets Commission												
Division, Dept. or Region (If Applicable)  Area Code/Phone Number 415-471-4441												
Designated Agency Contact (Name, Title)												
I have read and understand FFPC RPGGNSTIPMS 48944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.												
Signature of Agency Head or Designee Ralph Remington Ralph Remington												
Title Director of Cultural Affairs Month, Day, Year												
2. Function o	r Event Inform	ation										
Does the agency have ticket policy (Y/N) Ticket/Pass (Provide Title/Explanation) Event Date(s) (Y/N) If no, list Name of Source agency official? (Y/N) (Last, First)												
Yes	\$85	CAAMFest 2023: Opening Night	5/1123	Yes	·	No						

			r							
	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 policy	
Community Investments	1	Increasing the understanding and offerings and operations of the Ar officers and employees involved i funding, advising, management or Arts Commission.;Supporting loca businesses, including charitable	the governance, administration of the							
		  -  -								
								-		

California Form

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

					A Pu	ıblic Docur	nent				
1. Agency Na	ame	San Fransijs	eθr∯its	Commission							
Division, Dept. of	r Region	les le	ifluit					Area Code/Phone Number	415-471-4441		
Designated Agen (Name, Title)	ncy Contact		2839B4D8. , <b>Deputy</b>	Director of P	rograms			Email	lex.leifheit@sf	gov.org	
I have read and	d understand FPF	DocuSigi C Regulations	ned by: 18944.1 c	and 18942. I hav	e verified that the	distribution	set forth, is in a	ccordance with the			
Signature of Age Designee		Kalpli							Ralph Remingto	on	
Title		BE2E3A3 Director of (	D19EA4E1					Month, Day, Year	- P		
		Director or c	Janarari	, mano				, , , , , , , , , , , , , , , , , , , ,			
2. Function o	r Event Inform	ation									
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Descr (Provide Title/Ex	ription planation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list N	lame of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name (Last, Fi		
Yes	\$20	CAAMFest 2023: 0 screening of "Liquo		5/13/23	Yes			No			
		Dreams"									
					I						
		A.					B. Identify one of the		Name of Outside	C.	
Name of Agency,	Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pursuant to	public purpose made the agency's policy	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Commu	nity Investments	1	offerings an officers and funding, adv Arts Commi	he understanding and d operations of the Ar employees involved i vising, management o ssion.;Supporting loca s, including charitable	s Commission by City the governance, administration of the						

California Form 802

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

1. Agency Na	ame /	<del>Sar</del> p Foresigne	edd Arts	Commission							
Division, Dept. o (If Applicable)	r Region	lex le						Area Code/Phone Number	415-471-4441		
Designated Ager (Name, Title)	ncy Contact	T2A1AE52 Lex Leifheit		/ Director of P	rograms			Email	lex.leifheit@sfa	gov.org	
I have read and	d understand FPF					distribution	set forth, is in a	ccordance with the	•	-	
Signature of Age Designee		Ralph							Ralph Remingto	on	
Title			D19EA4E1	1				Month, Day, Year	1 0		
THE		Director or v	Outtarar	7 tilali 5				,,			
2. Function o	or Event Inform	ation		1	1				ı		
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Descr (Provide Title/Ex	ription planation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list N	lame of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name (Last, Fi		
Yes	\$35	African American S	Shakespeare	5/13/23	Yes			No	ì	Í	
		Company: Shakes Romeo & Juliet	speare's								
		A.				Ī	В.	Г		C.	
Name of Agency,	, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pursuant to	e public purpose made o 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
Commu	inity Investments	Increasing the understanding and offerings and operations of the Ar officers and employees involved in funding, advising, management or Arts Commission.;Supporting loca businesses, including charitable			s Commission by City the governance, administration of the						
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Yes

\$15

CAAMFest 2023: Sneak Peak

Event Date(s) 5/14/23

Yes

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

California Form

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

#### A Public Document

1. Agency Na	me (	DocuSigned by: San Francisco Arts	Docusigned by: an Francisco Arts Commission												
Division, Dept. or (If Applicable)	r Region	Les leifleit —72A1AE52839B4D8				Area Code/Phone Number	415-471-4441								
Designated Agen (Name, Title)	cy Contact	Lex Leifheit, Deputy	Director of P	rograms		Email	Email lex.leifheit@sfgov.org								
I have read and	d understand FPI	CRegulations 189449 d	and 18942. I hav	e verified that the	distribution set forth, is in a	ccordance with the	requirements.								
Signature of Age Designee	ncy Head or	Kalple Kemir	ngton			Print Name	Ralph Remington								
Title		Director of Cultural				Month, Day, Year									
2. Function o	r Event Inform	tion													
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)								

No

	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	
Community Investments	2	Increasing the understanding and offerings and operations of the Ar officers and employees involved in funding, advising, management or Arts Commission. Supporting loce businesses, including charitable	s Commission by City the governance, administration of the							
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California Form 802

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

1. Agency Na	ame	San Francis	ned by:	Commission							
Division, Dept. o		lex	·// ·/					Area Code/Phone Number	415-471-4441		
Designated Ager Name, Title)	ncy Contact	Lex Leifheit	, Deputy	Director of P	rograms			Email	lex.leifheit@sf	gov.org	
have read an	d understand FPI					distribution	set forth, is in a	ccordance with the		-	
Signature of Age Designee		Kalpli							Ralph Remingto	on	
Γitle			3D19EA4E	1				Month, Day, Year			
itto		Bircotor or	Oditarar	Allano				,,,			
2. Function o	or Event Inform	ation						I			
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Desci (Provide Title/Ex		Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list N	lame of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name (Last, Fi		
Yes	\$60	Presidio Dance Th Anniversary Celeb		5/1823	Yes			No			
		Honoring the Won	nen of Iran								
							В.				
		A.					Identify one of the		Name of Outside	C.	
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)	following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Commu	unity Investments	Increasing the understanding and offerings and operations of the Ar officers and employees involved it funding, advising, management or Arts Commission.;Supporting loca businesses, including charitable of			s Commission by City the governance, administration of the						
		businesses, including charitable			nganizations,						
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California Form

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

					A Pı	ıblic Docur	nent				
1. Agency Na	me (	SarPressigns	₩.rts	Commission							
Division, Dept. or (If Applicable)	Region	672 LV						Area Code/Phone Number	415-471-4441		
Designated Agen (Name, Title)	cy Contact			Director of P	rograms			Email	lex.leifheit@sf{	gov.org	
I have read and	d understand FPI	C Regunations	198 <i>9</i> 44.1	and 18942. I have	e verified that the	distribution	set forth, is in a	ccordance with the	requirements.		
Signature of Ager Designee		Kalple 1	Remin	gton					Ralph Remingt	on	
Title		— 8E2E3A3I Director of (						Month, Day, Year			
									I		
2. Function o	r 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)	If no list N	lame of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name (Last, Fi		
Yes	\$35	New Conservatory	Theatre	6/11/23	Yes	11 110, 1101	and or occino	No	(2001, 11	10.1)	
		Center of San Fran Confession of Lily I	ncisco: The Dare								
		A.					В.			C.	
Name of Agency,	Department or Unit	Number of Ticket(s)/ Pass(es)		e public purpose made of 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
Commun	nity Investments	Increasing the understanding and offerings and operations of the A officers and employees involved funding, advising, management Arts Commission.;Supporting loc businesses, including charitable			s Commission by City the governance, administration of the						
		businesses, including charitable									

Frameline Opening Night Film & Gala 6/14/23

Yes

Yes

\$85

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

California Form 802

Form OUZ

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

A Public Document

A Public Document												
1. Agency Name San Francisco Arts Commission												
Division, Dept. or (If Applicable)	Region	Les Liftuit 	415-471-4441									
Designated Agen (Name, Title)	cy Contact	Lex Leifheit, Deputy	Director of P	rograms		Email	mail lex.leifheit@sfgov.org					
I have read and	DocuSigned by: 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	ncy Head or	Kalple Keming	gton			Print Name	Ralph Remington					
Title		Director of Cultural	 Affairs			Month, Day, Year						
								1				
2. Function o	r Event Inform	ation										
Does the agency have ticket policy (Y/N)	ket policy Face Value of each Event Description provided by Agency? made at the behest of If yes, list Name of Official											

No

							_			
	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	
Administration	1	Increasing the understanding and offerings and operations of the Ar officers and employees involved in funding, advising, management or Arts Commission. Supporting locabusinesses, including charitable	s Commission by City the governance, administration of the							
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California Form 802

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

1. Agency Na	ncy Name San Forwisigned Wyrts Commission									•			
Division, Dept. of	r Region	(	ifluit					Area Code/Phone Number	415-471-4441				
Designated Agen (Name, Title)	ncy Contact		2839B4D8 , Deputy	 Director of P	rograms			Email	lex.leifheit@sf	gov.org			
I have read and	d understand FPI	DocuSigr C Regulations	ned by: 18944.1	and 18942. I hav	e verified that the	distribution	set forth, is in a	ccordance with the	requirements.				
Signature of Age Designee		Ralph 1							Ralph Remingt	on			
Title		BEZE3A3I Director of (						Month, Day, Year	<u> </u>				
2. Function o	r 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)	If no, list N	lame of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)				
Yes	\$50	Lorraine Hansberry	/ Theatre: IN	6/17/23	Yes			No					
		MOONLIGHT											
A. B. C.													
		A.					Identify one of the		Name of Outside	С.			
Name of Agency,	Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pursuant to	public purpose made the agency's policy	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
Administ	tration	Increasing the understanding and offerings and operations of the A officers and employees involved funding, advising, management Arts Commission, Supporting loc businesses, including charitable			s Commission by City the governance, administration of the								

Event Description (Provide Title/Explanation)

Lorraine Hansberry Theatre: In the Evening in the Moonlight

Does the agency have ticket policy (Y/N)

Yes

Face Value of each Ticket/Pass

\$30

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

California Form 802

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

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1. Agency Name	San Eras Gisco Arts Commission		
Division, Dept. or Region (If Applicable)	les leifleit	Area Code/Phone Number	415-471-4441
Designated Agency Contact (Name, Title)	—72A1AE52839B4D8 Lex Leifheit, Deputy Director of Programs	Email	lex.leifheit@sfgov.org
I have read and understand FF	DocuSigned by: PC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in a	ccordance with the	requirements.
Signature of Agency Head or Designee	Kalph Remington	Print Name	Ralph Remington
Title	Director of Cultural Affairs	Month, Day, Year	
2. Function or Event Inform	nation		

If no, list Name of Source

Was ticket distribution made at the behest of agency official? (Y/N)

No

If yes, list Name of Official (Last, First)

Ticket(s)/Pass(es) provided by Agency? (Y/N)

Yes

Event Date(s)

6/25/23

	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				
Community Investments	2	Increasing the understanding and offerings and operations of the Ar officers and employees involved i funding, advising, management o Arts Commission.;Supporting local businesses, including charitable	administration of the										
		- - -											

California Form 802

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

1. Agency Na	ame	Sano-Erangiscoy. Arts Commission											
Division, Dept. o	or Region	lex lei						Area Code/Phone Number	415-471-4441				
Designated Ager (Name, Title)	ncy Contact	Lex Leifheit	39B4D8 , Deputy	Director of P	rograms			Email	lex.leifheit@sf	gov.org			
I have read an	d understand FF	DocuSigno PC Regulations	ed by: : 18944.1 d	and 18942. I hav	e verified that the	distribution	set forth, is in a	ccordance with the	requirements.				
Signature of Age Designee	ency Head or	Kalpli K	emina	ton				Print Name	Ralph Remingt	on			
Title	· · · · · · · · · · · · · · · · · · ·	Director of (	19EA4E1					Month, Day, Year					
Title		Director or v	Juiturar	Allalis				month, bay, rear					
2. Function of	or Event Inform	ation											
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Desci (Provide Title/Ex		Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list N	Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name (Last, F				
Yes	\$126	SF Symphony: TC X. DRAKE	HAIKOVSKY	7/29/23	Yes			No					
		A. DIVILE											
A. B. C.													
		A.					Identify one of the		Name of Outside	C.			
Name of Agency	, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pursuant to	public purpose made the agency's policy	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
Adminis	stration	Promotion of cultural, artistic, edi and community activities in the C showing City appreciation for pro 2 rendered by community and othe for the benefit of the community is cultural organizations and institution			y.;Promoting or rams and services non-profit resources cluding artistic and								

\$100

Yes

SFBATCO: "I, Too, Sing America: The Next Gen"

Yes

7/31/23

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

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

A Public Document

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1. Agency Na	me C	Source Signed Stayo Arts	Commission				-					
Division, Dept. or (If Applicable)	r Region	lex beifheit				Area Code/Phone Number	415-471-4441					
Designated Agen (Name, Title)	cy Contact	Lex Leifheit, Deputy	Director of P	rograms		Email	lex.leifheit@sfgov.org					
DocuSigned by:  I have read and understand FPFC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements.												
Signature of Age Designee	ncy Head or	Ralph Remin	gton			Print Name	Ralph Remington					
Title		Director of Cultural	Affairs			Month, Day, Year						
								_				
2. Function o	r Event Inforn	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 Name of Official (Last, First)					

No

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-	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	
Community Investments	2	Increasing the understanding and offerings and operations of the Ar officers and employees involved i funding, advising, management of Arts Commission.; Supporting locabusinesses, including charitable	the governance, administration of the							
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California Form

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

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1. Agency Na	ıme	San Francis	igned by:	Commission							
Division, Dept. or	r Region	U2 1	Lifu E52839B41	•				Area Code/Phone Number	415-471-4441		
Designated Agen Name, Title)	ncy Contact	Lex Leifheit	, Deputy	Director of P	rograms			Email	lex.leifheit@sf	gov.org	
have read and	d understand FPI		18944.1	ccordance with the	requirements.						
Signature of Age Designee	nature of Agency Head or Raph Remitty for signee \$5253A3D19EA4E1									on	
Title Director of Cultural Affairs Month, Day, Year											
2. Function o	r Event Inform	ation									
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Desci (Provide Title/Ex		Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list N	Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name (Last, Fi		
Yes	\$176	SF Symphony: MA NIGHT AT THE SY		8/5/23	Yes			No			
		A.					B.			C.	
	Identify   Number of folio							Description of	Name of Outside Organization		Describe the public purpose

	A.				B.		C.			
None of Assess Providence of a Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made	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	
Name of Agency, Department or Unit  Administration	2	pursuant to the agency's policy Promotion of cultural, artistic, edu and community activities in the Ci showing City appreciation for prog rendered by community and other for the benefit of the community ir cultural organizations and instituti		FdSS(eS)	Oner, or income)	Onei	иевсприоту	Ticket(s)/ Pass(es)	policy	
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California Form 802

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

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1. Agency Na	ency Name San Greensigned Bytts Commission											
Division, Dept. or (If Applicable)	r Region	lex le						Area Code/Phone Number	415-471-4441			
Designated Agen (Name, Title)	ncy Contact		2839B4D8 i, <b>Deput</b> y	3 y Director of P	rograms			Email	lex.leifheit@sf	gov.org		
I have read and	d understand FPI	DocuSig C Regulations	ned by: 18944.1	and 18942. I have	e verified that the	distribution	set forth, is in a	ccordance with the		-		
Signature of Age Designee	ncy Head or		Remin					Print Name	Ralph Remington			
Title		Director of	<del>D19EA4E</del> Cultural					Month, Day, Year				
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	r Event Inform	ation										
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Desci (Provide Title/Ex		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 (Last, Fi			
Yes	\$70	The Magic Theate JOSEPHINE'S FE	r: AST BY	8/6/23	Yes			No				
		STAR FINCH										
		Α.	A. B. C.									
						Number of	Identify one of the following:	Description of	Name of Outside Organization		Describe the public purpose	
Name of Agency,	Department or Unit	Number of Ticket(s)/ Pass(es)		e public purpose made to the agency's policy	Name of Individual (Last, First)	Ticket(s)/ Pass(es)	(Ceremonial Role, Other, or Income)	"Ceremonial Role" or "Other"	(Include address and description)	Number of Ticket(s)/ Pass(es)	made pursuant to the agency's policy	
Administ	tration	Promotion of cultural, artistic, eduz and community activities in the City showing City appreciation for proder rendered by community and other in for the benefit of the community indi- cultural organizations and institution		y.;Promoting or rams and services non-profit resources cluding artistic and								
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#### **Agency Report of: Ceremonial Role Events** and Ticket/Pass Distributions

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

1. Agency Na	ame	San Preunige									
Division, Dept. o (If Applicable)	or Region	lexle	ifluit					Area Code/Phone Number	415-471-4441		
Designated Ager (Name, Title)	ncy Contact			/ Director of P	rograms			Email	lex.leifheit@sf	gov.org	
I have read and	d understand FP	— DocuSign	ed by: 18944.1 (	and 18942. I have	e verified that the	distribution	set forth. is in a	ccordance with the	requirements.		
Signature of Age Designee		Ralple K	emin	gton			,,		Ralph Remingt	on	
Title		Director of (						Month, Day, Year			
2. Function o	r Event Inform	ation		T		r		•			
Does the agency have ticket policy (Y/N) Yes	Face Value of each Ticket/Pass \$267.57	Event Descr (Provide Title/Ex	planation)	Event Date(s) 9/6/23	Ticket(s)/Pass(es) provided by Agency? (Y/N) Yes	If no, list N	lame of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name (Last, Fi		
163	\$207.57	American Conserv Opening Night Cel	ebration for	9/0/23	165			NO			
		Hippest Trip – The Musical	Soul Train								
									,		
		A.				ı	В.	T-		C.	
Name of Agency,	, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pursuant to	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
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California Form 802

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

1. Agency Na	me	San Francis	co Arts	Commission							
Division, Dept. or (If Applicable)	r Region	les le	ifluit					Area Code/Phone Number	415-471-4441		
Designated Agen (Name, Title)	ncy Contact	Lex Leifheit	, Deputy	 / Director of P	rograms			Email	lex.leifheit@sf	gov.org	
I have read and	d understand FPI	DocuSigr C Regulations	ned by: : 18944.1 d	and 18942. I hav	e verified that the	distribution	set forth. is in a	ccordance with the	requirements.		
Signature of Age Designee		Ralph	Remin	gton			,,		Ralph Remingt	on	
Title		Director of (	<del>D19EA4E1</del> Cultural					Month, Day, Year			
2. Function o	r Event Inform	ation									
Does the agency have ticket policy (Y/N) Yes	Face Value of each Ticket/Pass	Event Desci (Provide Title/Ex	planation)	Event Date(s) 9/8/23	Ticket(s)/Pass(es) provided by Agency? (Y/N) Yes	If no, list N	lame of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name (Last, F		
.00	400	Chinese Cultural C CCC's 58th annive	ersary gala	0/0/20							
	Electric Encounters										
	A.						В.			C.	
		Α.	I				Identify one of the		Name of Outside	· .	
Name of Agency,	Department or Unit	Number of Ticket(s)/ Pass(es)		e public purpose made o the agency's policy	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Administ	tration	1	and commu showing Cit rendered by for the bene	of cultural, artistic, edu inity activities in the Ci ty appreciation for prog y community and other efit of the community in anizations and instituti	y.;Promoting or rams and services non-profit resources cluding artistic and						
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California Form 802

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

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				A Pu	ublic Docui	ment						
1. Agency Na	ame	<del>San</del> Fogusig	ned byrts	Commission								
Division, Dept. o	r Region	lex le	•					Area Code/Phone Number	415-471-4441			
Designated Ager (Name, Title)	ncy Contact	1	2839B4D8 , Deputy	 y Director of P	rograms			Email	lex.leifheit@sf	ex.leifheit@sfgov.org		
I have read and	d understand FPI					e distribution	set forth, is in a	ccordance with the	requirements.			
Signature of Age		Kalpli	**						Ralph Remingt	on		
Designee			D19EA4E						Kaipii Keiiiiigt	OH		
Title		Director of (	Cultural	Affairs				Month, Day, Year				
2. Function o	or Event Inform	ation										
Does the agency have ticket policy	Face Value of each	Event Descr			Ticket(s)/Pass(es) provided by Agency?			Was ticket distribution made at the behest of	If yes, list Name			
(Y/N) Yes	Ticket/Pass \$40	(Provide Title/Ex		Event Date(s) 9/15/23	(Y/N) Yes	If no, list I	Name of Source	agency official? (Y/N) No	(Last, F	irst)		
	!	With Hafez	cator. Danony	1		!					I	
		A.					В.			C.		
Name of Agency,	, Department or Unit	Number of Ticket(s)/ Pass(es)		e public purpose made o 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	
Commu	inity Investments	1	offerings an officers and funding, ad Arts Comm	d employees involved i	s Commission by City the governance, administration of the							
			-									
		1			1	1	1	1	I .			

Event Description (Provide Title/Explanation)

SF Symphony Gala

Does the agency have ticket policy (Y/N)

Yes

Face Value of each Ticket/Pass

\$217

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

California **802** 

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

#### A Public Document

1. Agency Name	DocuSigned by: San Francisco Arts Commission		-
Division, Dept. or Region (If Applicable)	Lip Liftuit 72A1AE52839B4D8	Area Code/Phone Number	415-471-4441
Designated Agency Contact (Name, Title)	Lex Leifheit, Deputy Director of Programs	Email	lex.leifheit@sfgov.org
I have read and understand FF	—DocuSigned by: PC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in a	ccordance with the	requirements.
Signature of Agency Head or Designee	Kalph Remington	Print Name	Ralph Remington
Title	Director of Cultural Affairs	Month, Day, Year	
2. Function or Event Inform	ation		

If no, list Name of Source

Was ticket distribution made at the behest of agency official? (Y/N)

No

If yes, list Name of Official (Last, First)

Ticket(s)/Pass(es) provided by Agency? (Y/N)

Yes

Event Date(s)

9/22/23

Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)  Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)  Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)  Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)  Name of Individual (Last, First)  Name of Indivi		A.				В.			C.	
and community activities in the Cily.;Promoting or  Administration 2 showing Cily appreciation for programs and services rendered by community and other non-profit resources	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)	Ticket(s)/	following: (Ceremonial Role,	"Ceremonial Role" or	Organization (Include address and	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	Administration	2	and community activities in the Ci showing City appreciation for prog rendered by community and other	y.;Promoting or rams and services non-profit resources						
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California Form 802

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

1. Agency Name	<del>Sar<b>p</b>Бεаsiginatby</del> Arts Commission		•
Division, Dept. or Region (If Applicable)	les leifluit	Area Code/Phone Number	415-471-4441
Designated Agency Contact (Name, Title)	—72A1AE52839B4D8 Lex Leifheit, Deputy Director of Programs	Email	lex.leifheit@sfgov.org
I have read and understand FP	DocuSigned by: PC(Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in a	ccordance with the	requirements.
Signature of Agency Head or Designee	Kalph Kemington	Print Name	Ralph Remington
Title	8E2E3A3D19EA4E1 Director of Cultural Affairs	Month, Day, Year	

2. Function o	. 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	\$12	SF Symphony: All San Francisco	9/23/23	Yes	<u> </u>	No									

	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	
Public Art	4	Promotion of cultural, artistic, edu and community activities in the Ci showing City appreciation for prog rendered by community and other for the benefit of the community ir cultural organizations and instituti	cational, recreational, y.;Promoting or rams and services non-profit resources cluding artistic and ons.;							
Commissioners	2	Promotion of cultural, artistic, edu and community activities in the Ci showing City appreciation for prog- rendered by community and other for the benefit of the community in cultural organizations and instituti	cational, recreational, y.:Promoting or rams and services non-profit resources cluding artistic and ons.;							
		•								

San diracusaiga co byrts Commission

1. Agency Name

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

California Form 802

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

Division, Dept. or Region If Applicable)		lex le						Area Code/Phone Number	415-471-4441		
Designated Agency Contac Name, Title)	t		2839B4D8. t, <b>Deput</b> y	 Director of P	rograms			Email	lex.leifheit@sf	gov.org	
have read and underst	and FPF	C Reg Districting	jnle80918¶:1 a	and 18942. I hav	e verified that the	distribution	set forth, is in a	ccordance with the	requirements.		
Signature of Agency Head of Designee	or	Kalpli	Remin	aton				Print Name	Ralph Remingto	on	
Γitle		Kalplu Director of	3D19EA4E1 Cultural	Affairs				Month, Day, Year			
2. Function or Event	Informa	ation		I	I	T.					
Does the agency have ticket policy (Y/N) Face Value Ticket/		Event Desc (Provide Title/E)	ription cplanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list N	lame of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name (Last, Fi	e of Official rst)	
Yes \$27		Kulintang Arts Inc: Panis- KULARTS	presents	9/24/23	Yes			No			
		Nursing These Wo	ounds								
		A.					B.			C.	
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
Community Investme	ents	3	offerings an officers and funding, add Arts Commi	employees involved in vising, management of ission.;Supporting loca	s Commission by City the governance, administration of the						
			businesses	s, including charitable	prganizations;						
			<u>]</u> -								
			-								
		-									

California Form 802

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

1. Agency Na	ame	<del>San</del> Porzu <b>s</b> igi	oeolb%krts	Commission							
Division, Dept. o (If Applicable)	r Region	les le	ifluit					Area Code/Phone Number	415-471-4441		
Designated Ager (Name, Title)	ncy Contact	Lex Leifheit	<del>2839B4D8.</del> :, <b>Deput</b> y	Director of P	rograms			Email	lex.leifheit@sf	gov.org	
I have read and	d understand FPF	DocuSig C Regulations	18944.1	and 18942. I have	e verified that the	distribution	set forth, is in a	ccordance with the	requirements.		
Signature of Age Designee		Kalpli	Kemin	gton					Ralph Remingto	nn	
			Outural							J.1.	
Title		Director of (	Cultural	Allairs				Month, Day, Year			
2. Function o	or Event Inform	ation									
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Desci (Provide Title/Ex		Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list N	lame of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name (Last, Fi		
Yes	\$85	American Conserv The Hippest Trip S Musical		9/2723	Yes			No			
	Musical										
	A.					B.			C.		
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
Commu	inity Investments	2	offerings an officers and funding, adv Arts Commi	he understanding and d operations of the Ari employees involved in vising, management or ssion.;Supporting local s, including charitable	s Commission by City the governance, administration of the						
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California Form 802

Form

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

1. Agency Na	ame	San Pagusigs	ee byvirts	Commission							
Division, Dept. o	r Region	lex le						Area Code/Phone Number	415-471-4441		
Designated Ager (Name, Title)	ncy Contact		<del>2839B4D8</del> , Deputy	 / Director of P	rograms			Email	lex.leifheit@sf	gov.org	
I have read an	d understand Eff	DocuSiane	ed by:			distribution	sat forth is in a	ccordance with the		<u> </u>	
Signature of Age Designee		Kalpli K	emina	ton	e verijiea that the	aistribution	set jorth, is in a		Ralph Remingt	on	
Title	,	8E2E3A3D Director of 0		Affairs				Month, Day, Year			
2. Function o	or Event Inform	ation			ı						
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)	If no, list N	Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name (Last, F		
Yes	\$35	Chitresh Das Instit		9/30/23	Yes			No			
	•	"Invoking the River Theater	" @ ODC	•		•	•		-		
		Α.					В.			C.	
Name of Agency,	, Department or Unit	Number of Ticket(s)/ Pass(es)		e public purpose made o 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
Commu	inity Investments	2	offerings ar officers and funding, ad Arts Comm	the understanding and nd operations of the Ar d employees involved in vising, management of ission.;Supporting local s, including charitable	s Commission by City the governance, administration of the						

Yes

\$30

10/1/23

Fresh Meat Productions: Sean Dorsey Dance's "The Lost Art of Dreaming" Yes

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

California Form 802

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

#### A Public Document

1. Agency Na	me	San Foguitioned by:ts	The Property Bysts Commission												
Division, Dept. or (If Applicable)	Region	les leiflieit				Area Code/Phone Number	415-471-4441								
Designated Agen (Name, Title)	cy Contact	Lex Leifheit, Deputy		rograms		Email	lex.leifheit@sfgov.org								
I have read and	d understand FPI	qRegulationigned by 1	requirements.												
Signature of Age Designee	ncy Head or	Kalple Kemin	gton			Print Name	Ralph Remington								
Title		8E2E3A3D19EA4E Director of Cultural				Month, Day, Year	ır								
								1							
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)								

No

	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	
Community Investments	1	Increasing the understanding and offerings and operations of the Ar officers and employees involved i funding, advising, management or Arts Commission., Supporting loce businesses, including charitable	appreciation of the s Commission by City the governance, administration of the l organizations;							
			-							
		J -								
		- -								

California Form

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

					A Pu	ıblic Docur	ment				
1. Agency Na	ıme	San Forenusin	gnedAvijt:s	Commission							
Division, Dept. o	r Region	lex l	ciflui	t				Area Code/Phone Number	e r 415-471-4441		
Designated Ager (Name, Title)	ncy Contact		52839B4D i, Deputy	8 / Director of P	rograms			Email	lex.leifheit@sf	gov.org	
I have read and	d understand FPI	DocuS PC Regulațions	igned by: 18944.1	and 18942. I hav	e verified that the	distribution	set forth, is in a	ccordance with the	requirements.		
I have read and understand FPPC Regulations 18944.1 and 18942. I have ve Signature of Agency Head or Designee								Print Name	Ralph Remington		
Title Director of Cultural Affairs								Month, Day, Year			
											1
2. Function o	r Event Inform	ation						T	T		
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Desci (Provide Title/Ex		Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list I	Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name (Last, F		
Yes	\$96-106	SF Symphony: Dia	a de los Muert	s 11/4/23	Yes			No			
		A.				r	B.	1		C.	
Name of Agency,	Department or Unit	Number of Ticket(s)/ Pass(es)		e public purpose made o 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
Adminis	Promotion of cultural, artistic, and community activities in the showing City appreciation for prendered by community and of or the benefit of the community and of community and of community and of the community cultural organizations and institutions and institutions are community and community and community and community are community and community		unity activities in the Ci ty appreciation for prog y community and other efit of the community in	y.;Promoting or rams and services non-profit resources cluding artistic and							
Commis	sioners	2	and common showing Ci rendered b for the ben	of cultural, artistic, edu unity activities in the Ci ty appreciation for prog y community and other efit of the community in anizations and instituti	y.;Promoting or rams and services non-profit resources cluding artistic and						
			-								
			-								
			-								

## Agency Report of: **Ceremonial Role Events**

A Public Document

California Form

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

# and Ticket/Pass Distributions

1. Agency Name San ந்துக்கு நிர்க் Commission											
Division, Dept. or Region (If Applicable)	les bifluit		Area Code/Phone Number	e r 415-471-4441							
Designated Agency Contact (Name, Title)	Lex Leifheit, Deputy	Director of P	rograms	Email	lex.leifheit@sfgov.org						
I have read and understand F	DocuSigned by: PP Regulations 18944.1 a	nd 18942. I hav	e verified that the o	distribution set forth, is in	accordance with the	requirements.					
Signature of Agency Head or Designee	Kalple Remin	gton		Print Name	Ralph Remington						
Title	Director of Cultural			Month, Day, Year							
							7				
2. Function or Event Infor	mation										
Does the agency have ticket policy (Y/N) Face Value of each Ticket/Pass	n 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 \$106-116	SF Symphony: Audra McDonald	11/29/23	Yes	<u> </u>	No						
*	•		•		· ·						

	A.				B.				
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
Administration	2	Promotion of cultural, artistic, edu and community activities in the Ci showing City appreciation for prog rendered by community and other for the benefit of the community in cultural organizations and instituti	y.;Promoting or rams and services non-profit resources cluding artistic and						
Commissioners	4	Promotion of cultural, artistic, edu and community activities in the C showing City appreciation for pro- rendered by community and othe- for the benefit of the community in cultural organizations and instituti	y.;Promoting or rams and services non-profit resources cluding artistic and						
Public Art	2	Promotion of cultural, artistic, edu and community activities in the C showing City appreciation for pro- rendered by community and othe for the benefit of the community in cultural organizations and instituti	ly.;Promoting or rams and services non-profit resources cluding artistic and						
Galleries	2	Promotion of cultural, artistic, edu and community activities in the C showing City appreciation for pro rendered by community and othe for the benefit of the community i cultural organizations and institut	y.;Promoting or rams and services non-profit resources cluding artistic and						
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SF Symphony: Peter and the

Yes

\$86-96

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

California Form 802

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

#### A Public Document

1. Agency Na	me	<del>San</del> D <b>orausajaeo</b> b∳rts (	Commission							
Division, Dept. or (If Applicable)	Region	as a comment				Area Code/Phone Number	e r 415-471-4441			
Designated Agen (Name, Title)	cy Contact	T2A1AE52839B4D8 Lex Leifheit, Deputy		rograms		Email	lex.leifheit@sfgov.org			
I have read and	d understand FPI	C Regulation 18944.1 a	nd 18942. I hav	e verified that the	distribution set forth, is in a	accordance with the	requirements.			
Signature of Age Designee	Agency Head or Ralph Remington		Print Name	Ralph Remington						
Title	BE2E3A3D19EA4E1 Director of Cultural Affairs			Month, Day, Year						
								i		
2. Function o	r Event Inform	ation						eit@sfgov.org  nts.  emington		
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)			

No

12/10/23

Yes

A.					В				
		ī	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 policy
Public Art	9	Promotion of cultural, artistic, edi and community activities in the C showing City appreciation for pro rendered by community and othe for the benefit of the community i cultural organizations and institut	ity.;Promoting or grams and services r non-profit resources ncluding artistic and						
Galleries	2	Promotion of cultural, artistic, edu and community activities in the Ci showing City appreciation for proy rendered by community and other for the benefit of the community in cultural organizations and instituti	ty.;Promoting or rams and services non-profit resources cluding artistic and						
<u>-</u>									
		-							

SF Symphony: Colors of Christmas

Yes

\$106

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

California Form 802

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A Public Document

1. Agency Na	ıme	San Fogusigned byrts	Commission							
Division, Dept. of (If Applicable)	r Region	lex leifleit				Area Code/Phone Number	r 415-471-4441			
Designated Agen (Name, Title)	ncy Contact	Lex Leifheit, Deputy		rograms	Email	lex.leifheit@sfgov.org				
I have read and	d understand FPI	C <del>Reg</del> iDotaSigh884441	and 18942. I hav	e verified that the	distribution set forth, is in a	accordance with the	requirements.			
Signature of Agency Head or Designee		Ralph Remin	aton			Print Name	Ralph Remington			
Title		Director of Cultural	()			Month, Day, Year				
								1		
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)			

No

12/14/23

Yes

	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 policy
Public Art	4	Promotion of cultural, artistic, edu and community activities in the C showing City appreciation for pro rendered by community and othe for the benefit of the community i cultural organizations and institut	ty.;Promoting or grams and services non-profit resources ncluding artistic and						
Galleries	2	Promotion of cultural, artistic, edu and community activities in the Ci showing City appreciation for proy rendered by community and other for the benefit of the community in cultural organizations and instituti	rams and services non-profit resources cluding artistic and						
Community Investments	2	Promotion of cultural, artistic, edu and community activities in the Ci showing City appreciation for pre- rendered by community and other for the benefit of the community in cultural organizations and instituti	rams and services non-profit resources cluding artistic and						
Administration	4	Promotion of cultural, artistic, edu and community activities in the Ci showing City appreciation for pre- rendered by community and other for the benefit of the community in cultural organizations and instituti	rams and services non-profit resources cluding artistic and						
		•							
-	1								