۱.	Agency Name				Date Stamp	California Q02		
	San Francisco Arts Commission					Form OUZ		
	Division, Department, or Region (if ap	pplicable)				For Official Use Only		
	Designated Agency Contact (Name, To	tle)						
	Manraj Dhaliwal, Commission Sec	retary		Amendment (Must Provide Explanation in Part 3.)				
	Area Code/Phone Number E-mail	<u>-</u>			Amendment (wast P10)	лос шхріанацон ін ған э.)		
	415-940-1803 manra	aj.dhaliwal@sfo	gov.org		Date of Original Filing:	(month, day, year)		
2.	Function or Event Information	1				005 0040		
	Does the agency have a ticket poli-		.,	ace Value of I	Each Ticket/Pass \$	\$35 - \$249		
	Event Description: Holiday with Bo	yz II Men - Syr	mphony _D	ate(s) 12	<u>, 17 _/ 24</u>	1 1		
		Provide Title/ Explana	ation	` ,				
	Ticket(s)/Pass(es) provided by age	ncy? Yes ■	No ☐ If	no:	Name of Source			
	Was ticket distribution made at the	hehest v		yes:				
	Was ticket distribution made at the of agency official?	nellest Yes [」No∎ "	y 003.	Official's Name (Last, First)			
	or agency official:							
3.	Recipients							
	 Use Section A to identify the agency's depart 	al. Use Section C to identify a	an outside organization.					
	A. Name of Agency, Department of	r Unit	Number of Ticket(s)/ Passes	Describe the	escribe the public purpose made pursuant to the agency's poli			
	Admin		14	Public purp	Public purpose d			
	Visual Arts		2	Public purp	Public purpose d			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following	owing:		
					nonial Role Other Other ing "Ceremonial Role" or "Other" descr	Income In		
					nonial Role Other of "Other" descripting "Ceremonial Role" or "Other" descriptions	Income In		
	C. Name of Outside Organizati		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy		
4.	Verification							
	I have read and understand FPPC Reg	gulations 18944.	1 and 18942. I	have verified t	that the distribution set for	th above, is in accordance		
	with the requirements.							
	210	Manraj Dhaliw	/al	Com	mission Secretary	01/02/2025		
	Signature of Agency Head or Designee	Priı	nt Name		Title	(month, day, year)		
	Comment							
	Comment:							

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



Agency Name

3.

	pients									
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.										
Number of Ticket(s)/ Passes Number Describe the public purpose made pursuant to the agency										
Gall	eries	2	Public purpose d							
Com	nmunity Investment	2	Public purpose d							
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:							
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:							
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:							
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:							
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:							
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy							

Δ	Dı	ıhl	ic	D^{C}	CH	me	nt

1.	Agency Name				Date Stamp	California 802			
	San Francisco Arts Commis					TOITH			
	Division, Department, or Reg	ion (if applicable)				For Official Use Only			
	Designated Agency Contact	(Name, Title)							
	Manraj Dhaliwal, Commissi	on Secretary			Amendment (Must F	Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail			Amendment (Mastr	Tovide Explanation III I alt 5.)			
	415-940-1803	manraj.dhaliwal@st	fgov.org		Date of Original Filing:	(month, day, year)			
2.	Function or Event Infor	mation				¢25 ¢400			
	Does the agency have a ticl	ket policy? Yes I	■ No 🗆 📑	ace Value of	Each Ticket/Pass \$ _	<u>\$35 - \$199</u>			
	Event Description: Holiday	Gaiety - Symphony Provide Title/ Explar	D	ate(s)	<u>, 13 , 24 </u>				
	Ticket(s)/Pass(es) provided	•		no:	Name of Source				
	Mag tigket distribution made	et the beheat ve		yes:					
	Was ticket distribution made of agency official?	e at the benest Yes L	」No■ "	yes	Official's Name (Last, First)	_			
_	B. state of								
3.	Recipients • Use Section A to identify the ager	ncy's department or unit. • U	Jse Section B to ic	dentify an individu	ual. Use Section C to identi	ify an outside organization.			
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy			
	Admin		6	Public purp	Public purpose d				
	Visual Arts		2						
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	following:			
					nonial Role Other C king "Ceremonial Role" or "Other" de	—			
					nonial Role Other C				
	C. Name of Outside O	_	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy			
4.	Verification								
	I have read and understand FF with the requirements.	PPC Regulations 18944.	.1 and 18942. I	have verified	that the distribution set f	forth above, is in accordance			
	2010	Manraj Dhaliv		Com	mission Secretary	01/02/2025			
	Signature of Agency Head or Design	nee Pr	int Name		Title	(month, day, year)			
Comment:									

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

3.



Agency Name

	pients ection A to identify the agency's department or uni	it. • Use Section B to i	dentify an individual. Use Section C to identify an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Gall	eries	2	Public purpose d
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

Print

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1.	Agency Name				Date Stamp	California 802		
	San Francisco Arts Commis	sion		TOTAL COL				
	Division, Department, or Reg	on (if applicable)				For Official Use Only		
	Designated Agency Contact (Name, Title)						
		Manraj Dhaliwal, Commission Secretary				Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail						
	415-940-1803	fgov.org		Date of Original Filing:	(month, day, year)			
2.	Function or Event Infor	mation						
	Does the agency have a tick	ket policy? Yes ■	■ No □ F	ace Value of	Each Ticket/Pass \$	\$30 - \$199		
	Event Description: The Colo			12	<u>, 04 , 24 </u>			
	Event Description.	Provide Title/ Explar	nation	rate(s)	/			
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:	Name of Source			
	MATERIAL PROPERTY OF THE PROPE	. 4 41						
	Was ticket distribution made	at the benest Yes [□ No ■ "	yes:	Official's Name (Last, First)			
	of agency official?							
3.	Recipients							
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization							
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's pol				
	Admin	Admin		Public purp	c purpose d			
	Visual Arts		2	Public purpose d				
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the following:			
					nonial Role Other Cking "Ceremonial Role" or "Other" de	-		
					nonial Role	-		
	C. Name of Outside O (include address and	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy			
4 .	Verification							
	I have read and understand FF with the requirements.	PC Regulations 18944	.1 and 18942. I	I have verified i	that the distribution set f	orth above, is in accordance		
	2010	Manraj Dhaliv	wal	Com	mission Secretary	01/02/2025		
	Signature of Agency Head or Design	ee Pr	rint Name		Title	(month, day, year)		
	Comment:							

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



Agency Name

3.

	pients									
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.										
Number of Ticket(s)/ Passes Number Describe the public purpose made pursuant to the agence										
Gall	eries	2	Public purpose d							
Com	nmunity Investments	2	Public purpose d							
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:							
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:							
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:							
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:							
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:							
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy							

A Public Document

١.	Agency Name		Date Stamp California Q 1 2						
	San Francisco Arts Commis	ssion				Form OUZ			
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only			
	Designated Agency Contact	(Name, Title)			1				
	Manraj Dhaliwal, Commissi	on Secretary	Amendment (Must Provide Explanation in Part 3.)						
	Area Code/Phone Number	E-mail				vido Explanation in Fall 3.)			
	415-940-1803	manraj.dhaliwal@s	fgov.org		Date of Original Filing:	(month, day, year)			
2.	Function or Event Infor	mation				ΦFQ Φ100			
	Does the agency have a tic	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	\$50 - \$199			
	Event Description: Amadeu	ıs, Film - Symphony	ח	ate(s) 11	<u>, 29 , 24 </u>	1 1			
	Event Description.	Provide Title/ Explai	nation						
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:	Name of Source	_			
	Was ticket distribution made	a at the beheat ver		yes:					
	Was ticket distribution made of agency official?	e at the benest Yes [_l No ■ "	yes	Official's Name (Last, First)				
	or agency official:								
3.	Recipients								
	• Use Section A to identify the ager	ncy's department or unit. •	ual. Use Section C to identify	an outside organization.					
	A. Name of Agency, Dep.	artment or Unit	Number of Ticket(s)/ Describe the		he public purpose made pursuant to the agency's policy				
		Passes							
	Admin	6	Public purpose d						
	Vioual Arts			Dulette	Public purpose d				
	Visual Arts		8	8 Public purpose d					
	B. Name of Ind	ividual	Number of Tieket(e)/		llowing				
	(Last, Fi		of Ticket(s)/ Passes		Identify one of the fo	nowing:			
					nonial Role Other	Income			
				If check	king "Ceremonial Role" or "Other" desc	ribe below:			
					nonial Role Other O	Income			
				If check	king "Ceremonial Role" or "Other" desc	ribe below:			
			Normalia						
	C. Name of Outside C		Number of Ticket(s)/	Describe th	e public purpose made purs	uant to the agency's policy			
	(oidao dadiooo din		Passes						
_	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		1						
4.	Verification	DDC Domilo#5 40044	14 and 400 40	l baya	that the distribution of Co	alle about in its account and			
	I have read and understand FF with the requirements.	~r∪ Reguiations 18944	. i and 18942. i	riave verified i	ırıat tne distribution set foi	rui above, is in accordance			
	0117	Manraj Dhaliv	wal	Com	mission Secretary	01/02/2025			
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)			
	, , , , , , , , , , , , , , , , , , , ,					, , , , , , , , ,			
	Comment:								

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

3.



Agency Name

	pients ection A to identify the agency's department or uni	it. • Use Section B to i	dentify an individual. Use Section C to identify an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Gall	eries	2	Public purpose d
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

Print

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1.	Agency Name				Date Stamp	California 802		
	San Francisco Arts Commis					TOIM		
	Division, Department, or Reg	ion (if applicable)				For Official Use Only		
	Designated Agency Contact	(Name, Title)						
	Manraj Dhaliwal, Commissi	on Secretary			Amendment (Must F	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Amendment (Mastr	Tovide Explanation III I alt 5.)		
	415-940-1803	manraj.dhaliwal@st	fgov.org		Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	mation				\$36 \$200		
	Does the agency have a ticl	ket policy? Yes I	■ No 🗆 📑	ace Value of	Each Ticket/Pass \$ _	\$36 - \$299 		
	Event Description: Día de la	os Muertos Concert - Provide Title/ Explar	Sympher D	ate(s)11	, 02 , 24			
	Ticket(s)/Pass(es) provided			no:	Name of Source	_		
	Was ticket distribution made	at the hehest vac	¬ N. ■ If	yes:				
	of agency official?	, at the beliest Yes L	」No∎ "	yoo. <u></u>	Official's Name (Last, First)			
3.	Recipients • Use Section A to identify the ager	ncy's department or unit. • l	Use Section B to ic	dentify an individu	ual. Use Section C to identi	ify an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
	Admin		6	Public purp	Public purpose d Public purpose d			
	Finance		2	Public purp				
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	following:		
					nonial Role Other C king "Ceremonial Role" or "Other" de	-		
					nonial Role Other Other or "Other" de			
	C. Name of Outside O (include address and	_	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy		
<u>-</u> 4.	Verification							
	I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942. I	have verified	that the distribution set f	forth above, is in accordance		
	2010	Manraj Dhaliv		Com	mission Secretary	11/15/2024		
	Signature of figency Head or Design	nee Pr	int Name		Title	(month, day, year)		
	Comment:							

1.	Agency Name				Date Stamp	California Q 0 2	
	San Francisco Arts Commis	ssion				Form OUZ	
	Division, Department, or Regi	on (if applicable)				For Official Use Only	
	Designated Agency Contact (Name, Title)					
	Manraj Dhaliwal, Commissio	on Secretary			Amondment (Must 6	rovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Amendment (wast P	TOVIDE EXPIANATION IN FAIL 3.)	
	415-940-1803	manraj.dhaliwal@st	fgov.org		Date of Original Filing:	(month, day, year)	
^	Francisco en Francisco					(monar, day, your)	
۷.	Function or Event Infor					\$25	
	Does the agency have a tick				Each Ticket/Pass \$	<u> </u>	
	Event Description: SF Trans	s Film Fest	D	ate(s)	<u>, 13 , 202</u> 4		
		Provide Title/ Explar					
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:	Name of Source		
	Was ticket distribution made	at the behest Yes F	¬ No ■ If	yes:	Official's Name (Last, First)		
	of agency official?	103 [•	Official's Name (Last, First)		
3.	Recipients						
	Use Section A to identify the agen	cy's department or unit. • l	ual. Use Section C to identif	y an outside organization.			
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy	
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the following:		
	(2001) / //		rasses	0	nanial Bala D	i □	
	Trickey, Anne		1		nonial Role Other king "Ceremonial Role" or "Other" de	Income L scribe below:	
	,			a, d			
					manial Bala D		
					nonial Role Other king "Ceremonial Role" or "Other" de	_	
	Name of Outside O		Number				
	C. (include address and	_	of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy	
4	Verification						
┰.	I have read and understand FP	PPC Regulations 18044	1 and 18042	have verified	that the distribution set f	orth above, is in accordance	
	with the requirements.	. O Regulations 10944.	., and 10372.1	HAVO VOIIII o U	anat tiro distribution set it	on above, is in accordance	
	on in	<i>〉</i> Manraj Dhaliv	val	Com	mission Secretary	11/15/2024	
	Signature of Agency Head or Design	\sim	int Name		Title	(month, day, year)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	Comment:						

1.	Agency Name				Date Stamp	California Q02	
	San Francisco Arts Commis	ssion				Form OUZ	
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
	Designated Agency Contact	(Name, Title)			1		
	Manraj Dhaliwal, Commission	on Secretary					
	Area Code/Phone Number	E-mail			Amendment (Must F	Provide Explanation in Part 3.)	
	415-940-1803	manraj.dhaliwal@s	fgov.org		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation			•		
	Does the agency have a ticl	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	\$100	
	Event Description: Root Div	_		11	<u>, 16 , 24 </u>		
	Event Description:	Provide Title/ Explai	ate(s)	//			
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:		_	
					Name of Source		
	Was ticket distribution made	e at the behest Yes [□ No 🔳 🏻 If	yes:	Official's Name (Last, First)		
	of agency official?						
3.	Recipients						
٠.	 Use Section A to identify the ager 	ncy's department or unit. •	Use Section B to id	dentify an individ	ual. Use Section C to identi	fy an outside organization.	
			Number				
	A. Name of Agency, Depart	of Ticket(s)/ Passes	Describe th	ne public purpose made pur	rsuant to the agency's policy		
			1 2000				
	D. Nome of Indi	lui de al	Number		Identify one of the following:		
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes		identity one of the t	ollowing:	
				Cerer	monial Role Other	Income	
	Remington, Ralph		2		king "Ceremonial Role" or "Other" de	scribe below:	
				e, d			
				Cerer	nonial Role Other	Income	
				If chec	king "Ceremonial Role" or "Other" de	scribe below:	
	Name of Outside O	rganization	Number of Ticket(s)/	Doscribo th	the public purpose made pursuant to the agency's po		
	(include address and	description)	Passes	Describe ti	ie public purpose made pur	suant to the agency's policy	
						_	
4.	Verification						
	I have read and understand FF	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set f	orth above, is in accordance	
	with the requirements.) ^				·	
	0110	Manraj Dhaliv	wal	Com	mission Secretary	11/15/2024	
	Signature of Agency Head or Design	nee P	rint Name		Title	(month, day, year)	
	,						
	Comment:						

1.	Agency Name				Date Stamp	California 202		
	San Francisco Arts Commis	ssion				Form OUZ		
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only		
	Designated Agency Contact (Name, Title)			1			
	Manraj Dhaliwal, Commissio	on Secretary			Amendment (Must Pr	ovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Amendment (Must Fr	ovide Explanation in Fait 3.)		
	415-940-1803	manraj.dhaliwal@s	fgov.org		Date of Original Filing: _	(month, day, year)		
2.	Function or Event Infor	mation						
	Does the agency have a tick	ket policy? Yes [■ No□ F	ace Value of	Each Ticket/Pass \$	\$100		
	Event Description: Internati	_	_	-t-(-) 10	<u>, 26 , 24 </u>	, ,		
	Session	B Provide Title/ Explai	nation	ale(s)	<i></i>			
	Ticket(s)/Pass(es) provided	_		no:	Name of Source			
	Was ticket distribution made	at the behest Yes [□ No 🔳 If	yes:	Official's Name (Last, First)			
	of agency official?							
3.	Recipients							
٠.	 Use Section A to identify the ager 	cy's department or unit.	Use Section B to ic	dentify an individu	ual. Use Section C to identify	/ an outside organization.		
		· ·	Number			-		
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's				
			. 40000					
	R Name of Indi	vidual	Number		Identify one of the following:			
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes		identity one of the fo	dentify one of the following:		
				Ceren	nonial Role Other	Income		
	Pate, Denise		1	If checi	king "Ceremonial Role" or "Other" des	cribe below:		
				a, c, d, g				
				Ceren	nonial Role Other	Income		
				If checi	king "Ceremonial Role" or "Other" des	cribe below:		
	Name of Outside O	rganization	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's p				
	(include address and	description)	Passes	Describe tri	ie publie purpose made pure	dunt to the agency 5 poncy		
4.	Verification							
	I have read and understand FF	PPC Regulations 18944	.1 and 18942. I	have verified	that the distribution set fo	orth above, is in accordance		
	with the requirements.	*						
	710	Manraj Dhaliv	wal	Com	mission Secretary	11/15/2024		
	Signature of Agency Head or Design	lee Pi	rint Name		Title	(month, day, year)		
	0							
	Comment:							

1.	Agency Name				Date Stamp	California 202		
	San Francisco Arts Commis	ssion				Form OUZ		
	Division, Department, or Reg	ion (if applicable)]	For Official Use Only		
	Designated Agency Contact	Name, Title)						
	Manraj Dhaliwal, Commission	· · · · · · · · · · · · · · · · · · ·			Amendment (Must Pr	ovide Explanation in Part 3.)		
	ne Number	E-mail				,		
	410-940-1000	manraj.dhaliwal@s	sfgov.org		Date of Original Filing: _	(month, day, year)		
2.	Function or Event Infor	mation						
	Does the agency have a ticl		■ No□ F	ace Value of	Each Ticket/Pass \$	\$80		
	Event Description: Internati							
	Event Description: Terrsichore Si	peaks! Provide Title/ Expla	nation	ate(s)	<u>, 25 , 24 </u>			
	Ticket(s)/Pass(es) provided		■ No 🗆 If	no:	Name of Source			
	., ., .,							
	Was ticket distribution made	at the behest Yes	□ No 🖬 If	yes:	Official's Name (Last, First)			
	of agency official?							
3.	Recipients							
•	 Use Section A to identify the ager 	cy's department or unit. •	Use Section B to ic	dentify an individu	ual. Use Section C to identify	an outside organization.		
			Number					
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy		
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the following:			
	(Last, Fir	st)	Passes		<u> </u>	Ç		
					nonial Role Other	Income		
	Pate, Denise		2		king "Ceremonial Role" or "Other" des	cribe below:		
				d, g, i				
					nonial Role Other O	Income		
				ii crieci	king "Ceremonial Role" or "Other" des	cribe below.		
			Number					
	C. Name of Outside O		of Ticket(s)/	Describe th	e public purpose made purs	suant to the agency's policy		
	(,	Passes					
<u> </u>	Verification		1	1				
┿.	I have read and understand FF	PPC Regulations 1904	1 1 and 18042	I have verified	that the distribution set fo	orth above is in accordance		
	with the requirements.	1 0 Neguialions 10 9 44	r. i aliu 10342. I	nave veniled i	เกละ เกษ นางเกมนแบก งิยิเ 10	rin above, is in accordance		
	and the	∍ Manraj Dhali	wal	Com	mission Secretary	11/15/2024		
	Signature of Agency Head or Design	\sim	rint Name		Title	(month, day, year)		
	, , ,					/		
	Comment:							

1.	Agency Name			Date Stamp California Q 1			
	San Francisco Arts Commis	ssion				Form OUZ	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Designated Agency Contact	Name, Title)					
	Manraj Dhaliwal, Commissi	on Secretary					
	Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)	
	415-940-1803	manraj.dhaliwal@s	fgov.org		Date of Original Filing:		
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	\$59 - \$199 <u> </u>	
	Event Description: Wikins C	Conducts Rhasphody Provide Title/ Explai	in Blue D	ate(s)	, 25 , 24		
	Ticket(s)/Pass(es) provided	•		no:			
			16		Name of Source		
	Was ticket distribution made	e at the behest Yes [□ No 🔳 If	yes:	Official's Name (Last, First)		
	of agency official?						
3.	Recipients						
•	 Use Section A to identify the ager 	cy's department or unit.	ual. Use Section C to identify	an outside organization.			
			Number				
	A. Name of Agency, Depart	of Ticket(s)/ Passes	Describe th	cribe the public purpose made pursuant to the agency's p			
	Admin	6	Public purp	pose d			
	Visual Arts	2	Public purp	purpose d			
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the following:		
					nonial Role Other C king "Ceremonial Role" or "Other" des		
					nonial Role Other Other or "Other" des	Income Cribe below:	
	C. Name of Outside O (include address and	Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy			
4.	Verification						
	I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942. I	have verified	that the distribution set fo	rth above, is in accordance	
	MINE	Manraj Dhaliv	wal	Com	mission Secretary	11/15/2024	
	Signature of Agency Head or Design	<u> </u>	int Name		Title	(month, day, year)	
	Comment:						
	Comment:						

A Public Document

1.	Agency Name		Date Stamp California O O				
	San Francisco Arts Commis	ssion				Form OUZ	
	Division, Department, or Reg				1	For Official Use Only	
	, . , .	, ,, ,					
	Designated Agency Contact (Name, Title)			1		
	Manraj Dhaliwal, Commission						
	Area Code/Phone Number	E-mail			Amendment (Must F	Provide Explanation in Part 3.)	
	415-940-1803	l -	faoy ora		Date of Original Filing:		
	410-940-1003	manraj.dhaliwal@s	igov.org		Date of Original Filing:(month, day, year)		
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	\$50	
					<u>, 19 , 24 </u>		
	Event Description: Reunion	Provide Title/ Explai	<u> </u>				
	Ticket(s)/Pass(es) provided	•					
		, 5 , 100	Name of Source				
	Was ticket distribution made	at the behest Yes [Official's Name (Last, First)				
	of agency official?		Official's Name (Last, First)				
_							
3.	Recipients						
	Use Section A to identify the agen	cy's department or unit. •	ual. Use Section C to identi	fy an outside organization.			
	A. Name of Agency, Depa	Number of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy		
			Passes				
	B. Name of Indi	Number of Ticket(s)/		Identify one of the following:			
	(Last, Fir	st)	Passes		identity one of the following.		
					nonial Role Other	Income	
	Remington, Ralph		2	If checi	king "Ceremonial Role" or "Other" de	escribe below:	
				e, d			
				Ceren	nonial Role Other	Income	
				If checi	king "Ceremonial Role" or "Other" de	escribe below:	
	Name of Outside O	rganization	Number				
	C. (include address and		of Ticket(s)/ Passes	Describe th	ie public purpose made pui	suant to the agency's policy	
4	Va wifi a a ti a w						
4.	Verification	DDC Dogwlotic 40044	1 and 100.10		that the distribution of S	anth above to be executed to	
	I have read and understand FF with the requirements.	PC Regulations 18944	.1 and 18942. I	nave vennea	that the distribution set f	orth above, is in accordance	
		Manrai Dhali	wal	Com	Commission Secretary 11/15/2024		
	Signature of Agency Head or Design	Manraj Dhaliv	val rint Name	Com	mission Secretary		
	Signature of Agency Head or Design	iee Pi	Title	(month, day, year)			
	Comment:						

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1.	Agency Name				Date Stamp	California Q02	
	San Francisco Arts Commis	ssion				Form OUZ	
	Division, Department, or Regi	ion (if applicable)			1	For Official Use Only	
	Designated Agency Contact (Name, Title)					
	Manraj Dhaliwal, Commissio	on Secretary					
	Area Code/Phone Number	E-mail			Amenament (Must F	Provide Explanation in Part 3.)	
	415-940-1803	 manraj.dhaliwal@st	fgov.org		Date of Original Filing:	(month, day, year)	
						(month, day, year)	
2.	Function or Event Infor	mation				\$50	
	Does the agency have a tick	⟨et policy? Yes ▮	■ No 🗆 📑	ace Value of	Each Ticket/Pass \$	ΨΟΟ	
	Event Description: Californi	a Lawyers for the Art	s D	ate(s) 10	<u>/ 19 / 24 </u>	1 1	
		Provide Title/ Explar	. ,				
	Ticket(s)/Pass(es) provided	Name of Source					
	Was ticket distribution made	at the behast ver					
	Was ticket distribution made	at the beliest Yes L	」No■ "	yes	Official's Name (Last, First)		
	of agency official?						
3.	Recipients						
	 Use Section A to identify the agen 	ıcy's department or unit. • I	ual. Use Section C to identi	fy an outside organization.			
	A Name of Assessed Dates	Number of Ticket(s)/ Describ			e the public purpose made pursuant to the agency's policy		
	A. Name of Agency, Depa	irtment or Unit	of Ticket(s)/ Passes	Describe th	ne pashe parpose made parsuant to the agency's policy		
	B. Name of Indi	vidual	Number		Identify one of the following:		
	(Last, Fire		of Ticket(s)/ Passes		identity one of the following:		
				Ceren	nonial Role Other	Income	
	Remington, Ralph		2	If checi	king "Ceremonial Role" or "Other" de	escribe below:	
				d, q,			
				Ceren	nonial Role Other	Income	
				If checi	king "Ceremonial Role" or "Other" de	escribe below:	
	Name of Outside O	_	Number of Ticket(s)/	Describe th	he public purpose made pursuant to the agency's polic		
	(include address and	description)	Passes			,	
4.	Verification						
	I have read and understand FP	PC Regulations 18944	.1 and 18942. I	have verified	that the distribution set f	orth above, is in accordance	
	with the requirements.) `					
	0110	Manraj Dhaliv	val	Com	mission Secretary	11/15/2024	
	Signature of Agency Head or Design	iee Pr	int Name		Title	(month, day, year)	
	Comment:						

. /	Agency Name				Date Stamp	California QQ2
	San Francisco Arts Commis	ssion				Form OUZ
Ī	Division, Department, or Reg	ion (if applicable)				For Official Use Only
Ī	Designated Agency Contact ((Name, Title)				
	Manraj Dhaliwal, Commissi	on Secretary			Amondment (Must	Provide Explanation in Part 3.)
7	Area Code/Phone Number	E-mail			Amendment (Mast	Provide Explanation in Part 3.)
•	415-940-1803	manraj.dhaliwal@	@sfgov.org		Date of Original Filing	(month, day, year)
	Function or Event Infor	mation				Ф000
	Does the agency have a ticl	ket policy? Ye	s 🔳 No 🔲 🛮 Fac	e Value of	Each Ticket/Pass \$ _	\$299
١	Event Description: Afropolit	an Ball 2024	Date	e(s) 10	<u>, 05 _, 24 </u>	1 1
	·	Provide Title/ Ex	planation			
	Ticket(s)/Pass(es) provided	by agency? Ye	s∎ No□ If no	:	Name of Source	
١	Nas ticket distribution made	e at the behest Ye	s □ No ■ If ye	s:	Official's Name (Last, First,	
	of agency official?				Oniciai s Name (Last, First,)
	Recipients					
•	Use Section A to identify the ager	ncy's department or unit.	• Use Section B to iden	ify an individu	ual. Use Section C to ident	tify an outside organization.
	A Name of Agency, Depa	artment or Unit	Number of Ticket(s)/	Describe th	e nublic nurnose made ni	ursuant to the agency's policy
	A. Humo of Agonoy, Bobb	artinonic or onne	OI TICKEL(3)	20001120 111		
			Passes			
			Passes			
			Passes			3 3 9 9
			Passes			
	D Name of Indi	ividual	Number		lalomático ano actaba	
	B. Name of Indi				Identify one of the	
	(Last, Fir		Number of Ticket(s)/ Passes		nonial Role Other	following:
			Number of Ticket(s)/ Passes	If checi		following:
	(Last, Fir		Number of Ticket(s)/ Passes	If check	nonial Role Other king "Ceremonial Role" or "Other" o	following: Income [describe below:
	(Last, Fir		Number of Ticket(s)/ Passes	l, i Ceren	nonial Role Other	following: Income [Income [
	(Last, Fir		Number of Ticket(s)/ Passes	l, i Ceren	nonial Role Other king "Ceremonial Role" or "Other" o	following: Income [Income [
	Remington, Ralph	rst)	Number of Ticket(s)/ Passes 1	If check I, i Ceren If check	nonial Role Other king "Ceremonial Role" or "Other" of nonial Role Other king "Ceremonial Role" or "Other" of	Income In
	(Last, Fir	rganization	Number of Ticket(s)/ Passes	If check I, i Ceren If check	nonial Role Other king "Ceremonial Role" or "Other" of nonial Role Other king "Ceremonial Role" or "Other" of	following: Income [Income [
	Remington, Ralph Name of Outside O	rganization	Number of Ticket(s)/ Passes 1 Number of Ticket(s)/	If check I, i Ceren If check	nonial Role Other king "Ceremonial Role" or "Other" of nonial Role Other king "Ceremonial Role" or "Other" of	Income Income describe below:
	Remington, Ralph Name of Outside O	rganization	Number of Ticket(s)/ Passes 1 Number of Ticket(s)/	If check I, i Ceren If check	nonial Role Other king "Ceremonial Role" or "Other" of nonial Role Other king "Ceremonial Role" or "Other" of	Income Income describe below:
	Remington, Ralph Name of Outside O	rganization	Number of Ticket(s)/ Passes 1 Number of Ticket(s)/	If check I, i Ceren If check	nonial Role Other king "Ceremonial Role" or "Other" of nonial Role Other king "Ceremonial Role" or "Other" of	Income Income describe below:
	Remington, Ralph C. Name of Outside O (include address and	rganization	Number of Ticket(s)/ Passes 1 Number of Ticket(s)/	If check I, i Ceren If check	nonial Role Other king "Ceremonial Role" or "Other" of nonial Role Other king "Ceremonial Role" or "Other" of	Income Income describe below:
1	Remington, Ralph C. Name of Outside O (include address and	erganization d description)	Number of Ticket(s)/ Passes 1 Number of Ticket(s)/ Passes	If check	nonial Role Other of thing "Ceremonial Role" or "Other" of the control of the c	Income describe below: Income describe below: Income describe below:
1	Remington, Ralph C. Name of Outside O (include address and	erganization d description)	Number of Ticket(s)/ Passes 1 Number of Ticket(s)/ Passes	Ceren If check Describe the	nonial Role Other of thing "Ceremonial Role" or "Other" of the control of the c	Income In

Δ	Ρı	ıhl	ic	D_{C}	CI	ım	ent

Ayti	ncy Name				Date Stamp	California OOO		
•	Francisco Arts Commis	ssion				Form OUZ		
Division	on, Department, or Reg	ion (if applicable)			For Official Use C			
Dosia	nated Agency Contact	(Name Title)						
_								
	aj Dhaliwal, Commissi Code/Phone Number	on Secretary TE-mail			Amendment (Must Pro	ovide Explanation in Part 3.)		
	940-1803	manraj.dhaliwal@s	fgov.org		Date of Original Filing: _	(month, day, year)		
. Func	ction or Event Infor	mation				(, 22), , 22		
Does	the agency have a tic	ket policy? Yes [Each Ticket/Pass \$	\$75				
	t Description: SF Art T	asting 2024: Amplify	Awards D		, 02 , 24			
		Provide Title/ Expla	nation					
Ticket	t(s)/Pass(es) provided	by agency? Yes	■ No □ If	no:	Name of Source			
Was t	ticket distribution made	e at the behest Yes [Official's Name (Last, First)			
	gency official?	.55.			Official's Name (Last, First)			
	Section A to identify the ager Name of Agency, Depa		Use Section B to ic Number of Ticket(s)/		e public purpose made purs	<u> </u>		
_			Number					
В.	Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:		
			of Ticket(s)/		Identify one of the fo nonial Role ☐ Other ■ king "Ceremonial Role" or "Other" desc	Income [
	(Last, Fir		of Ticket(s)/ Passes	d, e	nonial Role Other	Income Income Income		
	(Last, Fir	organization	of Ticket(s)/ Passes	d, e Ceren	nonial Role Other incoming "Ceremonial Role" or "Other" descriptions of the control of the con	Income In		
Rer	(Last, Firmington, Ralph Name of Outside O	organization	of Ticket(s)/ Passes 2 Number of Ticket(s)/	d, e Ceren	nonial Role Other in Other or "Other" description on other or "Other" description on other or "Other" description or	Income In		
Rer	(Last, Firmington, Ralph Name of Outside O	organization	of Ticket(s)/ Passes 2 Number of Ticket(s)/	d, e Ceren	nonial Role Other in Other or "Other" description on other or "Other" description on other or "Other" description or	Income In		
C. Verifi	(Last, Firmington, Ralph Name of Outside Of (include address and control of the	Organization d description)	of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	d, e Ceren If check Describe th	nonial Role Other idea idea	Income In		
C. Verifi	Mame of Outside O (include address and include and understand FF	PPC Regulations 18944	of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	d, e Ceren If check Describe the	nonial Role Other idea idea	Income cribe below: Income cribe below: uant to the agency's policy rth above, is in accordance		

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1.	Agency Name				Date Stamp	California 802
	San Francisco Arts Commis]	Form For Official Use Only
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Designated Agency Contact	Name, Title)			-	
	Manraj Dhaliwal, Commissio	on Secretary			Amendment (Must l	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Must P	Tovide Explanation in Fait 3.)
	415-940-1803	manraj.dhaliwal@s	fgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			,	
	Does the agency have a tick	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$ _	<u>\$15</u>
	Event Description: Stitching			ate(s)	, 30 , 24	
	Event Description.	Provide Title/ Explai	nation	ale(s)		
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:	Name of Source	
	Was ticket distribution made	at the beheet war	¬ 🖚 lf	yes:		
	Was ticket distribution made of agency official?	at the benest Yes [_l No ■ "	ycs	Official's Name (Last, First)	
	or agency emolar.					
3.	Recipients					
	Use Section A to identify the agen	cy's department or unit. •	Use Section B to id	dentify an individu	ual. Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
	•					
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	following:
					monial Role Other	Income
	Te, Coma		1		king "Ceremonial Role" or "Other" de	escribe below:
				q		
					monial Role Other Other Other Other Other Other Other Other	-
				ii checi	king Ceremonial Note of Other de	escribe below.
			Number			
	C. Name of Outside O (include address and		of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
			1 2000			
<u> </u>	Verification		•	•		
	I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942.	l have verified	that the distribution set t	forth above, is in accordance
	mide.	Manraj Dha	liwal	Con	nmission Secretary	10/22/2024
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)
	Comment:					

1.	Agency Name				Date Stamp	California Q02
	San Francisco Arts Commis	ssion				Form OUZ
	Division, Department, or Regi	on (if applicable)				For Official Use Only
	Designated Agency Contact (Name, Title)			1	
	Manraj Dhaliwal, Commissio	on Secretary			□ A	
	Area Code/Phone Number	E-mail			Amendment (Must P.	rovide Explanation in Part 3.)
	415-940-1803	 manraj.dhaliwal@st	fgov.org		Date of Original Filing: .	(month, day, year)
						(month, day, year)
2.	Function or Event Infor	mation				\$537
	Does the agency have a tick			ace Value of	Each Ticket/Pass \$	ΨΟΟΤ
	Event Description: SF Symp	phony Opening Gala	D	ate(s) 09	_/ 25 _/ 24	1 1
			nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:	Name of Source	
	Was ticket distribution made	at the beheat w			Official's Name (Last, First)	
	of agency official?	at the beliest Yes L	」No ■ "	ycs	Official's Name (Last, First)	
	or agency official?					
- 3.	Recipients					
	 Use Section A to identify the agen 	cy's department or unit.	Use Section B to ic	dentify an individu	ual. Use Section C to identif	y an outside organization.
	A Name of Assessed Dane	nders and an Huit	Number	Dagariha Ah		avent to the avenuele malieu
	A. Name of Agency, Depa	irtment or Unit	of Ticket(s)/ Passes	Describe th	ie public purpose made pur	suant to the agency's policy
	B. Name of Indi	vidual	Number		Identify one of the fo	ollowing:
	(Last, Fire		of Ticket(s)/ Passes		identity one of the i	ollowing.
				Ceren	nonial Role Other	Income
	Remington, Ralph		2	If checi	king "Ceremonial Role" or "Other" des	scribe below:
				d		
				Ceren	nonial Role Other	Income
				If checi	king "Ceremonial Role" or "Other" des	scribe below:
	Name of Outside O	rganization	Number of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy
	(include address and	description)	Passes	Docorino tir	io publio purposo mado pur	dunit to the agency o pency
4.	Verification					
	I have read and understand FF	PC Regulations 18944	.1 and 18942. I	have verified	that the distribution set fo	orth above, is in accordance
	with the requirements.	-				
	010	Manraj Dhal	iwal	Com	nmission Secretary	10/22/2024
	Signature of Agency Head or Design		int Name		Title	(month, day, year)
	•					
	Comment:					

1.	Agency Name				Date Stamp	California On 2
	San Francisco Arts Commis	ssion				Form OUZ
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Designated Agency Contact (Name, Title)			1	
	Manraj Dhaliwal, Commissio	on Secretary				
	Area Code/Phone Number	E-mail			. Amendment (Must P	rovide Explanation in Part 3.)
	415-940-1803	manraj.dhaliwal@s	fgov.org		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes ∎	■ No□ F	ace Value of	Each Ticket/Pass \$	\$297
	• •					
	Event Description: the Hand	dmaid's Tale Provide Title/ Explai	D	ate(s)	<u>, 22 , 24 </u>	
	Ticket(s)/Pass(es) provided			no:		
		, , ,			Name of Source	
	Was ticket distribution made	at the behest Yes [□ No 🕒 lf	yes:	Official's Name (Last, First)	
	of agency official?				Onicial S Ivanie (Last, 1 iist)	
_	Desirients					
3.	Recipients • Use Section A to identify the agen	usu's dopartment or unit	Usa Saction P to ic	lantify an individu	ual Alco Soction C to identif	y an outside organization
	ose section A to identify the ager	icy's department of unit.	Number	T	dai. Ose section c to identifi	y an outside organization.
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy
			Passes			
			Number			
	B. Name of Indi		of Ticket(s)/		Identify one of the fe	ollowing:
	(Last, FII	50)	Passes	_		
	Remington, Ralph		2		nonial Role Other king "Ceremonial Role" or "Other" des	Income L
	Nemington, Natph			d, e		
				,		
					nonial Role Other king "Ceremonial Role" or "Other" des	- <u>-</u>
					and constitution of careful act	
			Number			
	C. Name of Outside O (include address and		of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy
	(Passes			
4.	Verification					
	I have read and understand FF	PPC Regulations 18944	.1 and 18942. I	have verified	that the distribution set fo	orth above, is in accordance
	with the requirements.					
		Manraj Dhal		Com	mission Secretary	10/22/2024
	Signature of Agency Head or Design	nee Pi	rint Name		Title	(month, day, year)
	Comment:					

	Agency Name				Date Stamp	California 802
;	San Francisco Arts Commissio	n				Tollii
Ē	Division, Department, or Region	(if applicable)				For Official Use Only
Ī	Designated Agency Contact (Nam	ne, Title)				
ı	Manraj Dhaliwal, Commission S	Secretary			Amendment (Must Provi	de Explanation in Part 3)
Ā	Area Code/Phone Number E-r	nail			Amenament (wast 1700)	de Explanation III i alt 6.)
4	415-940-1803 ma	anraj.dhaliwal@s	fgov.org		Date of Original Filing:	(month, day, year)
2. 1	Function or Event Information	tion				#4.40 #000
[Does the agency have a ticket p	oolicy? Yes	■ No□ F	ace Value of I	Each Ticket/Pass \$	\$149-\$299
E	Event Description: SF Sympho	ny: Cynthia Erivo	D	ate(s)	, 14 _/ 202 <u>4</u>	1 1
		Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided by	agency? Yes	■ No 🔲 If	no:	Name of Source	
١	Was ticket distribution made at	the behest Yes [Official's Name (Last, First)	
	of agency official?	100 [Official's Name (Last, First)	
3.	Recipients					
	• Use Section A to identify the agency's	department or unit. •	Use Section B to id	dentify an individu	al. Use Section C to identify ar	n outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursua	nt to the agency's policy
	Community Investment		2	Public Purp	ose d	
	Admin		6	Public Purp	ose d	
	B. Name of Individu	al	Number of Ticket(s)/ Passes		Identify one of the follo	wing:
					onial Role Other Other ing "Ceremonial Role" or "Other" describ	Income [
					onial Role Other Other or "Other" describ	Income [
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursua	nt to the agency's policy
1 1	Varification		•			
1	Verification I have read and understand FPPC with the requirements.	Regulations 18944	.1 and 18942.	l have verified t	hat the distribution set forth	above, is in accordanc
1	have read and understand FPPC	Regulations 18944	.1 and 18942.	I have verified t	hat the distribution set forth	n above, is in acco
1	have read and understand FPPC	Manraj Dhaliv			that the distribution set forth mission Secretary Title	above, is in accorda 10/22/2024 (month, day, yea

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

3.



Agency Name

	ipients lection A to identify the agency's department or uni	t. • Use Section B to ic	dentify an individual. Use Section C to identify an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Gall	eries	2	Public Purpose d
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
		· ·	<u>l</u>

Print

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1.	Agency Name				Date Stamp	California Q02
	San Francisco Arts Commis	ssion				Form OUZ
	Division, Department, or Regi	ion (if applicable)				For Official Use Only
	Designated Agency Contact (Name, Title)			1	
	Manraj Dhaliwal, Commissio	on Secretary			□ A	
	Area Code/Phone Number	E-mail			Amendment (Must Pi	rovide Explanation in Part 3.)
	415-940-1803	 manraj.dhaliwal@s	fgov.org		Date of Original Filing:	(month, day, year)
		,				(month, day, year)
2.	Function or Event Infor	mation				\$299
	Does the agency have a tick	ket policy? Yes	■ No 🗆 📑	ace Value of	Each Ticket/Pass \$	φ299
	Event Description: Cynthia	Erivo with the SF Syr	mphony D	ate(s) 09	<u>/ 14 / 24 </u>	1 1
	Zvone Booompalon.	Provide Title/ Explai	าสแงก	. ,		
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:	Name of Source	_
	Mag tigket distribution made	at the beheat are				
	Was ticket distribution made	e at the benest Yes L	」No ■ "	yes	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
	 Use Section A to identify the agen 	cy's department or unit.	Use Section B to ic	lentify an individu	ual. Use Section C to identif	y an outside organization.
			Number			
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
	B. Name of Indi	vidual	Number		Identify and of the f	- Uassidans
	(Last, Fire		of Ticket(s)/ Passes		Identify one of the fo	ollowing:
				Ceren	nonial Role Other	Income
	Remington, Ralph		2	If chec	king "Ceremonial Role" or "Other" des	scribe below:
				d, e		
				Ceren	nonial Role Other	Income
				If chec	king "Ceremonial Role" or "Other" des	scribe below:
	Name of Outside O	rganization	Number of Ticket(s)/	Describe th	ne nublic nurnose made nur	suant to the agency's policy
	(include address and	I description)	Passes	Describe th	ie public purpose made pur	suant to the agency 3 policy
4.	Verification					
	I have read and understand FF	PPC Regulations 18944	.1 and 18942. I	have verified	that the distribution set fo	orth above, is in accordance
	with the requirements.	J				•
	on inc	Manraj Dhal	iwal	Con	nmission Secretary	10/22/2024
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)
	Comment:					

1.	Agency Name				Date Stamp	California 202
	San Francisco Arts Commis	ssion				Form OUZ
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Designated Agency Contact	Name, Title)			1	
	Manraj Dhaliwal, Commissio	on Secretary			Amandment (Must Pr	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Musi Fr	ovide Explanation III Fait 3.)
	415-940-1803	manraj.dhaliwal@s	fgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	\$35.14
	Event Description: San Fra	ncisco Aerial Arts Fe	stival	ate(s) 08	<u>/ 17 / 24</u>	1
	Event Description.	Provide Title/ Explai	lation	` '		
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:	Name of Source	
	Was ticket distribution made	e at the benest Yes [□ No ■ "	yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
	Use Section A to identify the agental control of the section A to identify the agental control of the age	cy's department or unit. •	Use Section B to ic	lentify an individ	lual. Use Section C to identify	y an outside organization.
	Δ Name of Agency, Depa	primant or Unit	Number	Describe t	he public purpose made purs	cuant to the agency's noticy
	A. Name of Agency, Depa	artinent or omt	of Ticket(s)/ Passes	Describe	ne public purpose made purs	suant to the agency's policy
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the fo	ollowing:
	(Last, Fir	st)	Passes			
	Danis de Dalah				monial Role Other cking "Ceremonial Role" or "Other" des	Income I
	Remington, Ralph		2		cking determinal Role of Other des	scribe below.
				d, i		_
					monial Role	Income Income
					oming continuing the continuing	
			Number			
	C. Name of Outside O (include address and		of Ticket(s)/ Passes	Describe t	he public purpose made purs	suant to the agency's policy
			1 40000			
1	Verification					
т.	I have read and understand FF	PPC Regulations 18044	1 and 18942	have verified	that the distribution set fo	orth above is in accordance
	with the requirements.	TO Negalations 10344	. i ana 10342. i	nave vermeu	that the distribution set re	min above, is in accordance
	on inc	Manraj Dhal	liwal	Cor	nmission Secretary	09/02/2024
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)
	Comment:					

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1.	Agency Name				Date Stamp	California 802
	San Francisco Arts Commis					TOTAL OF THE
	Division, Department, or Regi	ion (if applicable)				For Official Use Only
	Designated Agency Contact (Name, Title)			1	
	Manraj Dhaliwal, Commissio	on Secretary			Amandment (Must 5	Provide Evalenation in Part 2.)
	Area Code/Phone Number	E-mail			Amendment (Must P	Provide Explanation in Part 3.)
	415-940-1803	manraj.dhaliwal@st	fgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				*
	Does the agency have a tick	ket policy? Yes I	■ No 🗆 📑	ace Value of	Each Ticket/Pass \$	<u>\$15</u>
	Event Description: Queering	g Pilipinx Aesthetics Provide Title/ Explar	D	ate(s)	<u>, 10 , 24 </u>	
	Ticket(s)/Pass(es) provided	·		no:	Name of Source	
	Was tisket distribution made	at the beheat v		yes:		
	Was ticket distribution made of agency official?	e at the benest Yes L	」No ■ "	yes	Official's Name (Last, First)	
	or agency omolar.					
3.	Recipients					
	Use Section A to identify the agen	cy's department or unit. • l	Use Section B to ic	lentify an individu	ual. Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pui	rsuant to the agency's policy
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of the f	following:
	Molina, Jonell		1		nonial Role Other Ming "Ceremonial Role" or "Other" de	Income Income
				Ceren	nonial Role Other C	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pui	rsuant to the agency's policy
4.	Verification					
	I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942. I	have verified	that the distribution set f	orth above, is in accordance
	njoc	Manraj Dhal		Com	nmission Secretary	09/02/2024
	Signature of Agency Head or Design	lee Pr	int Name		Title	(month, day, year)
	Comment:					

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Agency Name					Date Stamp	California OOO
San Francisco Ar	ts Commission					Form OUZ
Division, Departme	ent, or Region (if a	applicable)			1	For Official Use Only
Designated Agenc	v Contact (Name	Title)				
Manraj Dhaliwal,						
Area Code/Phone I					Amendment (Must Pr	ovide Explanation in Part 3.)
415-940-1803		raj.dhaliwal@st	fgov.org		Date of Original Filing: _	(month, day, year)
Function or Ev	ent Information	n				
Does the agency	have a ticket po	licy? Yes	■ No □ Fa	ace Value of	Each Ticket/Pass \$	\$299
Event Description	John Legend	w/The SF Symp	ohony D	ate(s)	<u>, 23 , 24 </u>	
Ticket(a)/Dagg(ag)	h provided by ea	Provide Title/ Explar		no:		
Ticket(s)/Pass(es)) provided by ag	ency? Yes	■ No 🔲 🖽	110.	Name of Source	
Was ticket distribu	ution made at the	e behest Yes	□ No ■ If	yes:	Official's Name (Last, First)	
of agency official		_			Official's Name (Last, First)	
	ntify the agency's dep		Number of Ticket(s)/ Passes		ual. Use Section C to identify	-
В.	Name of Individual		Number of Ticket(s)/		Identify one of the fo	ollowing:
В.	Name of Individual (Last, First)					ollowing:
B. Remington, Ral	(Last, First)		of Ticket(s)/		Identify one of the formation of the fo	Income
	(Last, First)		of Ticket(s)/ Passes	d, e	nonial Role Other	Income Income Income
Remington, Ral	(Last, First)		of Ticket(s)/ Passes	d, e Cerer	nonial Role Other Making "Ceremonial Role" or "Other" des	Income cribe below: Income cribe below:
Remington, Ral	(Last, First) ph of Outside Organiza		of Ticket(s)/ Passes 2 Number of Ticket(s)/	d, e Cerer	nonial Role Other king "Ceremonial Role" or "Other" des	Income Inc
Remington, Ral	(Last, First) ph of Outside Organiza		of Ticket(s)/ Passes 2 Number of Ticket(s)/	d, e Cerer	nonial Role Other king "Ceremonial Role" or "Other" des	Income Inc
Remington, Ral C. Name (include)	(Last, First) ph of Outside Organiza address and descri	ption)	of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	d, e Cerer If chec	nonial Role Other king "Ceremonial Role" or "Other" des	Income In
Remington, Ral C. Name (include) Verification I have read and uncompared.	(Last, First) ph of Outside Organiza address and descri	egulations 18944	of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	d, e Cerer If chec	nonial Role Other king "Ceremonial Role" or "Other" des nonial Role Other king "Ceremonial Role" or "Other" des nonial Role Purpose made pursue public purpose made pursuthat the distribution set fo	Income cribe below: Income cribe below: Suant to the agency's policy orth above, is in accordance.
Remington, Ral C. Name (include) Verification I have read and uncompared.	(Last, First) ph of Outside Organiza address and descri	egulations 18944 Manraj Dhal	of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	d, e Cerer If chec	nonial Role Other king "Ceremonial Role" or "Other" des	Income cribe below: Income cribe below:

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_			 			

1.	Agency Name				Date Stamp	California 802
	San Francisco Arts Commis Division, Department, or Reg				-	For Official Use Only
	Designated Agency Contact	(Name, Title)				
	Manraj Dhaliwal, Commissi	· ·			Amendment (Must P	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail	_			
	415-940-1803	manraj.dhaliwal@s	fgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	\$26
	Event Description: SF Open	ra - Innocence Provide Title/ Explai	D	eate(s)06	<u>/ 21 / 2024</u>	
	Ticket(s)/Pass(es) provided			no:	Name of Source	
	Was tisket distribution made	at the behant		yes:		
	Was ticket distribution made of agency official?	e at the benest Yes [」No■ "	yes	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the ager A. Name of Agency, Depart	· ·	Use Section B to ic Number of Ticket(s)/ Passes	·		fy an outside organization.
	B. Name of Indi		Number of Ticket(s)/		Identify one of the f	ollowing:
	Hong, Thanh	ot)	Passes 2		monial Role Other Manager of the Man	Income Scribe below:
					monial Role Other king "Ceremonial Role" or "Other" de	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
<u>-</u>	Verification					
**	I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942. I	I have verified	that the distribution set fo	orth above, is in accordance
	Signature of Agency Head or Design	Manraj Dhal	iwal	Com	nmission Secretary	07/01/2024 (month, day, year)
	Comment:				Huc	(month, day, year)

A Public Document

1.	Agency Name		Date Stamp California O 0 0				
	San Francisco Arts Commis	ssion				Form OUZ	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Designated Agency Contact	Name, Title)			1		
	Manraj Dhaliwal, Commission				_		
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)		
	415-940-1803	l -	faoy ora		Date of Original Filing: _		
	410-940-1003	manraj.dhaliwal@s	igov.org		Date of Original Filling.	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy?	■ No □ F	ace Value of	Each Ticket/Pass \$	\$30	
	Event Description: CubaCa						
	Event Description:	Provide Title/ Explai	nation D	ate(s)	<u>, 14 , 24 </u>		
	Ticket(s)/Pass(es) provided	_		no:			
	(-)/() [Name of Source		
	Was ticket distribution made	at the behest Yes [□ No 🔳 If	yes:	Official's Name (Last, First)		
	of agency official?		_		Oπiciai s ivame (Last, First)		
3.	Recipients						
	Use Section A to identify the agen	cy's department or unit. •	ual. Use Section C to identify	an outside organization.			
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made pursuant to the agency's policy		
	J . 3. 3,7 3,7		Passes				
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the fo	ollowing:	
	(Last, Fir	st)	Passes		,		
					nonial Role Other	Income	
	Pate, Denise		1	If check	king "Ceremonial Role" or "Other" des	cribe below:	
				c,d,g,i,j,p,v			
				Ceren	nonial Role Other	Income	
				If check	king "Ceremonial Role" or "Other" des	cribe below:	
	Name of Outside O	rganization	Number	December 4b			
	C. (include address and		of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy	
	-						
_	\/awifiaatiaw						
4.	Verification	DDC Dogwlotic 40044	1 and 100.10		that the distribution of fo	with above to be executed to	
	I have read and understand FF with the requirements.	PC Regulations 18944	.1 and 18942. I	have verified t	that the distribution set fo	rth above, is in accordance	
	00100	Manual Dhal	ivvol	0	omicaion Castratari	07/04/04	
	Signature of Agency Head or Design	Manraj Dhal	iwal rint Name	Com	nmission Sectretary	07/01/24	
	Signature of Agency Head or Design	ice Pi	init ivaille		riye	(month, day, year)	
	Comment:						

FPPC Form 802 (2/2016)

1.	Agency Name				Date Stamp	California Q02
	San Francisco Arts Commis	ssion				Form OUZ
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Designated Agency Contact (Name, Title)			1	
	Manraj Dhaliwal, Commissio	on Secretary				
	Area Code/Phone Number	E-mail			Amendment (Must P	rovide Explanation in Part 3.)
	415-940-1803	manraj.dhaliwal@s	fgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes I	■ No□ F	ace Value of	Each Ticket/Pass \$	\$28
	Event Description: 8th Annu	_		ate(s)06	, 09 , 24	
	Event Description.	Provide Title/ Explai	nation	ale(s)	/	
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:		
			ıe		Name of Source	
	Was ticket distribution made	eat the behest Yes [□ No ■ If	yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
-	 Use Section A to identify the ager 	cy's department or unit. •	ual. Use Section C to identif	y an outside organization.		
		Number				
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	-					
	B. Name of Indi	vidual	Number		Identify one of the f	allowing
	(Last, Fir		of Ticket(s)/ Passes		identity one of the f	ollowing.
				Cerem	nonial Role Other	Income
	Molina, Jonell		2	If check	king "Ceremonial Role" or "Other" de	scribe below:
				Public purp	ose C	
				Ceren	nonial Role Other	Income
				If check	king "Ceremonial Role" or "Other" de	scribe below:
	Name of Outside O		Number of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy
	(include address and	description)	Passes			
4.	Verification					
	I have read and understand FF	PC Regulations 18944	.1 and 18942. I	have verified	that the distribution set f	orth above, is in accordance
	with the requirements.					
	710	Manraj Dhaliv		Com	mission Secretary	06/10/2024
	Signature of Agency Head or Design	lee P	rint Name		Title	(month, day, year)
	Comment:					

A Public Document

1.	Agency Name				Date Stamp	California On 2	
	San Francisco Arts Commis	ssion				Form OUZ	
	Division, Department, or Regi	ion (if applicable)			_	For Official Use Only	
	Designated Agency Contact (Name, Title)					
	Manraj Dhaliwal, Commission						
	Area Code/Phone Number	E-mail			Amendment (Must F	rovide Explanation in Part 3.)	
	415-940-1803	l -	facy ora		Date of Original Filing:		
	410-940-1003	manraj.dhaliwal@s	igov.org		Date of Original Filling.	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy?	■ No□ F	ace Value of	Each Ticket/Pass \$	\$299	
	Event Description: Alonzo k						
	Event Description: ////	Provide Title/ Explai	nation D	ate(s)	<u>, 07 _, 24 </u>		
	Ticket(s)/Pass(es) provided	·		no:			
	(-)/() [.,			Name of Source		
	Was ticket distribution made	at the behest Yes [⊐ No ■ If	yes:	Official's Name (Last, First)		
	of agency official?				Oπiciai's Name (Last, First)		
3.	•						
	Use Section A to identify the agen	cy's department or unit. •	ual. Use Section C to identi	fy an outside organization.			
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/	Describe the	he public purpose made pursuant to the agency's policy		
			Passes	20001100 (no passio pai pode mado pai		
	B. Name of Indi	vidual	Number		Identify one of the	iallowing.	
	(Last, Fire		of Ticket(s)/ Passes		Identify one of the f	ollowing:	
				Cerer	monial Role Other	Income	
	Remington, Ralph		2	If chec	cking "Ceremonial Role" or "Other" de	scribe below:	
				d, e			
				Cerer	monial Role Other	Income	
					cking "Ceremonial Role" or "Other" de	_	
	Name of Outside O		Number				
	C. Name of Outside O (include address and	_	of Ticket(s)/ Passes	Describe th	he public purpose made pur	suant to the agency's policy	
			1 40000				
4.	Verification						
	I have read and understand FP	PC Regulations 18944	l.1 and 18942. I	have verified	that the distribution set f	orth above, is in accordance	
	with the requirements.	· .					
	710	Manraj Dhal Manra	liwal	Con	nmission Secretary	07/10/2024	
	Signature of Agency Head or Design	piee Pi	rint Name		Title	(month, day, year)	
	Comment:						

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Αç	gency Name				Date Stamp	California O O		
_	an Francisco Arts Commis	sion				Form OU		
Div	vision, Department, or Regi	on (if applicable)				For Official Use Only		
De	esignated Agency Contact (Name, Title)						
Ma	anraj Dhaliwal, Commissio	on Secretary						
	ea Code/Phone Number	E-mail			Amendment (Must Pri	ovide Explanation in Part 3.)		
41	15-940-1803	manraj.dhaliwal@s	fgov.org		Date of Original Filing: _	(month, day, year)		
Fι	unction or Event Inform	nation				¢425 ¢400		
Do	oes the agency have a tick	et policy? Yes I	■ No□ F	ace Value of	Each Ticket/Pass \$	\$125-\$199		
Ev	vent Description: SF Symp	ohony: Alonzo King Provide Title/ Expla		ate(s)	, 07 , 24			
Tic	cket(s)/Pass(es) provided			no:				
	(<i>-)</i> ,(<i></i>) p	,gee, . 100			Name of Source			
	as ticket distribution made of agency official?	at the behest Yes	□ No ■ If	yes:	Official's Name (Last, First)			
	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual				ıal. Use Section C to identify	an outside organization.		
4	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy		
,	Visual Arts		6	Public Purpose D				
7	Admin		6	Public Purp	ose D			
E	Name of Indi (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:		
				Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:				
_					nonial Role Other or "Other" des			
C	Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy		
_								
\ <u>\</u>	erification							
VC	ave read and understand FP th the requirements.	PC Regulations 18944	l.1 and 18942. i	l have verified i	that the distribution set fo	rth above, is in accorda		
l h	ar the requirements.							
l h	1 D	Manraj Dhali	wal	Com	mission Secretary	06/10/2024		

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

3.



Agency Name

	pients ection A to identify the agency's department or unit	t. • Use Section B to i	dentify an individual. Use Section C to identify an outside organization.
A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Com	munity Investments	4	Public Purpose D
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

1.	Agency Name				Date Stamp	California Q02	
	San Francisco Arts Commis	ssion				Form OUZ	
	Division, Department, or Regi	ion (if applicable)			-	For Official Use Only	
	Designated Agency Contact (Name, Title)			1		
	Manraj Dhaliwal, Commissio	on Secretary			Amendment (Must Pro	ovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Amendment (Must Pic	ovide Explanation in Part 3.)	
	415-940-1803	manraj.dhaliwal@s	sfgov.org		Date of Original Filing:(month, day, year)		
_	Function or Event Infor	<u> </u> mation				()),))	
۷.				\	Fach Tisket/Dass &	\$121	
	Does the agency have a tick				Each Ticket/Pass \$		
	Event Description: The Leh	man Trilogy	D	ate(s)	<u>, 29 , 24 </u>		
	Ticket(s)/Pass(es) provided	Provide Title/ Explai		no:			
	ricket(s)/r ass(es) provided	by agency: Yes			Name of Source		
	Was ticket distribution made	at the behest Yes [□ No ■ If	yes:	Official's Name (Last, First)		
	of agency official?				Official's Name (Last, First)		
_							
3.	<u> </u>						
	Use Section A to identify the agen	ecy's department or unit. •	•	dentify an individi	ual. Use Section C to identify	an outside organization.	
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy	
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
				Ceren	nonial Role Other	Income	
	Remington, Ralph		2	If chec	king "Ceremonial Role" or "Other" desc	cribe below:	
				d, e			
				Ceren	nonial Role Other	Income	
				If chec	king "Ceremonial Role" or "Other" desc	cribe below:	
	Name of Outside O		Number of Ticket(s)/	Describe th	ne public purpose made purs	uant to the agency's policy	
	(include address and	description)	Passes				
4.	Verification						
	I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942. I	I have verified	that the distribution set fo	rth above, is in accordance	
	200	Manraj Dha	aliwal	Con	nmission Secretary	06/10/2024	
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)	
	Comment:						

1.	Agency Name				Date Stamp	California Q02	
	San Francisco Arts Commis	ssion				Form OUZ	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Designated Agency Contact (Name, Title)			+		
	Manraj Dhaliwal, Commission						
	Area Code/Phone Number	E-mail			Amendment (Must Pi	rovide Explanation in Part 3.)	
		1	faculora		Date of Original Filing: _		
	415-940-1803	manraj.dhaliwal@s	igov.org		Date of Original Filling.	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy? Yes I	■ No□ F	ace Value of	Each Ticket/Pass \$	\$175	
	• •						
	Event Description: The Leh	Provide Title/ Explai	nation D	ate(s)	<u>, 29 _, 24 </u>		
	Ticket(s)/Pass(es) provided			no:			
	(-),() [.,			Name of Source		
	Was ticket distribution made	at the behest Yes [⊐ No ■ If	yes:	Official's Name (Last, First)		
	of agency official?	•			Official's Name (Last, First)		
3.	Recipients						
	Use Section A to identify the ager	cy's department or unit. •	Use Section B to ic	lentify an individ	ual. Use Section C to identify	y an outside organization.	
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/	Describe th	he public purpose made pursuant to the agency's policy		
	A.		Passes	2000.1130 ti	no paramo par poso minuo par	game to ano agone, a pone,	
	B. Name of Indi	vidual	Number		Identify one of the fo	Mouden	
	(Last, Fir		of Ticket(s)/ Passes		identity one of the id	Jilowing.	
				Cerer	monial Role Other	Income	
	Remington, Ralph		2	If chec	cking "Ceremonial Role" or "Other" des	scribe below:	
				d, e			
				Cerer	monial Role Other	Income	
					cking "Ceremonial Role" or "Other" des	-	
	Name of Outside O	una minati a m	Number				
	C. Name of Outside O (include address and		of Ticket(s)/ Passes	Describe th	he public purpose made purs	suant to the agency's policy	
			1 40000				
4.	Verification						
	I have read and understand FF	PPC Regulations 18944	.1 and 18942. I	have verified	that the distribution set for	orth above, is in accordance	
	with the requirements.						
	10	Manraj Dha	liwal	Con	nmission Secretary	06/10/2024	
	Signature of Agency Head or Design	ee P	rint Name		Title	(month, day, year)	
	Commont						
	Comment:						

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. ,	Agency Name				Date Stamp	California Ong		
	San Francisco Arts Commi	ssion				Form OUZ		
Ī	Division, Department, or Reg	ion (if applicable)				For Official Use Only		
Ī	Designated Agency Contact	(Name, Title)						
	Manraj Dhaliwal, Commissi							
	Area Code/Phone Number	E-mail			Amendment (Must Provide	e Explanation in Part 3.)		
	415-940-1803	manraj.dhaliwal@s	fgov.org		Date of Original Filing:	month, day, year)		
2.	Function or Event Infor	mation				* * * * * * * * * *		
	Does the agency have a tic	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	\$125-\$199		
ı	Event Description: SF Sym	phony: Encanto	D	ate(s)				
-	Ticket(s)/Pass(es) provided	Provide Title/ Explai		no:				
	Ticket(s)/Fass(es) provided	by agency: Yes	■ NO 🔲 ''	110.	Name of Source			
١	Was ticket distribution made	e at the behest Yes [□ No 🔳 lf	yes:	Official's Name (Last, First)			
	of agency official?							
3.	Recipients							
	Use Section A to identify the agental section A to identify the agent	ncy's department or unit. •	Number	lentify an individu	ial. Use Section C to identify an	outside organization.		
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pursuan	t to the agency's policy		
	Visual Arts		2	Public Purp	rpose D			
	Admin		6	Public Purp	ose D			
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the follow	ving:		
					nonial Role Other Other describe	Income [
					nonial Role Other Other describe	Income [
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuan	t to the agency's policy		
			of Ticket(s)/	Describe th	e public purpose made pursuan	t to the agency's policy		
<u>.</u>			of Ticket(s)/	Describe th	e public purpose made pursuan	t to the agency's policy		
ı	(include address and	d description)	of Ticket(s)/ Passes					
ı	Verification I have read and understand FF	d description)	of Ticket(s)/ Passes	have verified i				

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



3.

	pients ection A to identify the agency's department or uni	t. •Use Section B to i	dentify an individual. Use Section C to identify an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Fina	nce	2	Public Purpose D
Com	nmunity Investments	4	Public Purpose D
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

Λ	Di	ıhl	lic I	$D \cap$	ment	

1.	Agency Name				Date Stamp	California 802	
	San Francisco Arts Commis	ssion				Form OUZ	
	Division, Department, or Regi	on (if applicable)				For Official Use Only	
	Designated Agency Contact (Name, Title)					
	Manraj Dhaliwal, Commissio	on Secretary			Amondment (Must R	rovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Amendment (Must P.	rovide Explanation in Part 3.)	
	415-940-1803	manraj.dhaliwal@s	fgov.org		Date of Original Filing:(month, day, year)		
^	Francisco en Frant Inform					(monar, day, year)	
۷.	Function or Event Infor				590 \$90 S		
	Does the agency have a tick				Each Ticket/Pass \$		
	Event Description: CAAM F	est Provide Title/ Explai	D	ate(s)	<u>, 09 , 24 </u>		
	Ticket(s)/Pass(es) provided	■ No 🔲 If	no:	Name of Source Official's Name (Last, First)			
	Was ticket distribution made	¬ No ■ If	yes:				
	of agency official?	103 [Official's Name (Last, First)		
3.	Recipients						
	Use Section A to identify the agen	cy's department or unit.	Use Section B to ic	lentify an individu	ual. Use Section C to identif	y an outside organization.	
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	suant to the agency's policy				
	B. Name of Indi		Number of Ticket(s)/		Identify one of the following:		
	(Last, 1 II	31/	Passes			, p	
	Ng Debbie		2		nonial Role Other other other king "Ceremonial Role" or "Other" dea	Income L	
	Tig Dobbio		_	Public purp	ose A, D, G, J, and N		
						1	
					nonial Role Other king "Ceremonial Role" or "Other" de		
	Name of Outside O		Number				
	C. Name of Outside O (include address and		of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy	
1	Verification						
ᅻ.	I have read and understand FF	PC Regulations 18044	1 and 18049	have verified	that the distribution set for	orth above is in accordance	
	with the requirements.	r o Negulalions 10944	. i aliu 10342. I	nave verilleu	เกละ เกษ นารเกมนแบก รษเ 10	min above, is in accordance	
	on in	Manraj Dhaliv	val	Com	mission Secretary	06/10/2024	
	Signature of Agency Head or Design		int Name		Title	(month, day, year)	
	5 5,				-	(· · · · · · · · · · · · · · · · · · ·	
	Comment:						

Λ	Di	ıhli	\Box	CI	ım	ent
_			 			

1.	Agency Name				Date Stamp	California 802	
	San Francisco Arts Commis	ssion				Form OUZ	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Designated Agency Contact	(Name, Title)			-		
	Manraj Dhaliwal, Commission	•			Amendment (Must P.	rovido Evolonation in Part 2	
	Area Code/Phone Number	E-mail			Amendment (Must Pi	rovide Explanation in Part 3.)	
	415-940-1803	manraj.dhaliwal@s	fgov.org		Date of Original Filing: .	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticl	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	\$500	
	Event Description: SF Jazz	Gala	D	ate(s)05			
		Provide Title/ Explai	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:	Name of Source		
	Was ticket distribution made	□ No 🔳 lf	yes:				
	of agency official?		_		Oπiciai's Name (Last, First)		
_ 3.	Recipients						
	Use Section A to identify the ager	ncy's department or unit. •	Use Section B to ic	dentify an individu	ual. Use Section C to identif	y an outside organization.	
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	of Ticket(s)/ Describe the public purpose made pursuant to the ac				
	B. Name of Indi		Number of Ticket(s)/	Identify one of the following:			
	(Last, I II	<i></i>	Passes		nanial Bala Other	l Incomo 🗆	
	Remington, Ralph		1		eremonial Role Other Income Income Lehecking "Ceremonial Role" or "Other" describe below:		
				d, e			
					nonial Role Other	-	
				ir cneci	king "Ceremonial Role" or "Other" des	scride delow:	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy		
_	 Verification						
ᅻ.	I have read and understand FF	PPC Regulations 18944	.1 and 18942. I	have verified	that the distribution set fo	orth above, is in accordance	
	with the requirements.	5				, 12 230013300	
	Simply A Section 15	Manraj Dhal		Com	nmission Secretary	06/10/2024	
	Signature of Agency Head or Design	nee Pi	int Name		Title	(month, day, year)	
	Comment:						

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1.	Agency Name				Date Stamp	California Q02	
	San Francisco Arts Commis	ssion				Form OUZ	
	Division, Department, or Regi	on (if applicable)			-	For Official Use Only	
	Designated Agency Contact (Name, Title)					
	Manraj Dhaliwal, Commissio	on Secretary			Amondment (Must B	rovido Evolonation in Bort 2.)	
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)		
	415-940-1803	manraj.dhaliwal@s	fgov.org		Date of Original Filing:(month, day, year)		
^	Francisco en Francisco					(month, day, year)	
۷.	Function or Event Infor					\$129	
	Does the agency have a tick				Each Ticket/Pass \$		
	Event Description: A Strang	je Loop	D	ate(s)	<u>, 08 , 24 </u>		
		Provide Title/ Explai					
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:	Name of Source		
	Was ticket distribution made	¬ No ■ If	yes:	Official's Name (Last, First)			
	of agency official?	103 [•	Official's Name (Last, First)		
3.	Recipients						
	Use Section A to identify the agen	cy's department or unit.	Use Section B to ic	dentify an individu	ual. Use Section C to identif	y an outside organization.	
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	of Ticket(s)/ Describe the public purpose made pursuant to the age				
	B. Name of Indi	vidual	Number of Ticket(e)/		Identify one of the following:		
	(Last, Fire		of Ticket(s)/ Passes	identity one of the following.			
			Cere		monial Role Other	Income	
	Remington, Ralph		2	If chec	If checking "Ceremonial Role" or "Other" describe below:		
				d, e			
				Ceren	nonial Role Other	Income	
				If chec	king "Ceremonial Role" or "Other" des	scribe below:	
	Name of Outside O	_	Number of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy	
	(include address and	description)	Passes			.	
4.	Verification		·				
	I have read and understand FP with the requirements.	PC Regulations 18944	.1 and 18942. I	I have verified	that the distribution set fo	orth above, is in accordance	
	on in	Manraj Dhal	iwal	Con	nmission Secretary	06/10/2024	
	Signature of Agency Head or Design		int Name		Title	(month, day, year)	
	· · · · · · · · · · · · · · · · · · ·						
	Comment:						

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_	$-\iota$						

1.	Agency Name				Date Stamp	California 802			
	San Francisco Arts Commis					TOTHI			
	Division, Department, or Reg	ion (if applicable)				For Official Use Only			
	Designated Agency Contact	(Name, Title)							
	Manraj Dhaliwal, Commissio	on Secretary			Amendment (Must Provide Explanation in Part 3.)				
	Area Code/Phone Number	E-mail			Amendment (Mast)	Tovide Explanation III I alt 5.)			
	415-940-1803	manraj.dhaliwal@st	fgov.org		Date of Original Filing:(month, day, year)				
2.	Function or Event Infor	mation				¢425 ¢400			
	Does the agency have a tick			ace Value of	Each Ticket/Pass \$ _	\$125-\$199			
	Event Description: SF Sym	phony: Wizard of Oz Provide Title/ Explan	D	ate(s)	<u>, 01 , 24 </u>				
	Ticket(s)/Pass(es) provided	·		no:	Name of Source				
			ıe		Name of Source				
	Was ticket distribution made	e at the behest Yes [□ No ■ If	yes:	Official's Name (Last, First)				
	of agency official?								
3.	Recipients								
	Use Section A to identify the agen	cy's department or unit. • l	Use Section B to ic	dentify an individu	ual. Use Section C to ident	ify an outside organization.			
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	ket(s)/ Describe the public purpose made pursuant to the agency's poli					
	Visual Arts	Visual Arts			Public Purpose D				
	Admin		8	Public Purp	pose D				
	B. Name of Indi		Number of Ticket(s)/ Passes Identify one of the following:						
					nonial Role Other Cking "Ceremonial Role" or "Other" d				
					nonial Role Other C				
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursuant to the agency's policy				
4 .	Verification								
	I have read and understand FF with the requirements.	PPC Regulations 18944.	.1 and 18942. I	I have verified	that the distribution set i	forth above, is in accordance			
	200	Manraj Dhaliv		Com	mission Secretary	05/30/2024			
	Signature of Agency Head or Design	nee Pr	int Name		Title	(month, day, year)			
	Comment:								

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

3.



Agency Name

	pients ection A to identify the agency's department or uni	t. • Use Section B to i	dentify an individual. Use Section C to identify an outside organization.
A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Gall	eries	2	Public Purpose D
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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1.	Agency Name				Date Stamp	California QQ2				
	San Francisco Arts Commis	ssion				Form OUZ				
	Division, Department, or Regi	ion (if applicable)			1	For Official Use Only				
	Designated Agency Contact (Name, Title)			1					
	Manraj Dhaliwal, Commissio	on Secretary								
	Area Code/Phone Number	E-mail			Amendment (Must F	rovide Explanation in Part 3.)				
	415-940-1803	 manraj.dhaliwal@st	faov.ora		Date of Original Filing:(month, day, year)					
						(month, day, year)				
2.	Function or Event Infor	mation				\$35				
	Does the agency have a tick		■ No 🗆 📑	ace Value of	Each Ticket/Pass \$	φυυ <u></u>				
	Event Description: KINTSU	KUROI film premier	D	ate(s) 04	<u>/ 28 / 24 </u>	1 1				
	Zveni zeeenpaen.	Provide Title/ Explan	nation							
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:	Name of Source	_				
	\\\\ 4:= 4 = :-4=: 4:=									
	Was ticket distribution made	at the benest Yes [」No ■ "	yes	Official's Name (Last, First)					
	of agency official?									
3.	Recipients									
	•	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.								
			Number							
	A. Name of Agency, Depa	of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy					
	B. Name of Indi	ividual	Number		Identify one of the following:					
	(Last, Fire		of Ticket(s)/ Passes		Identify one of the following:					
				Ceren	nonial Role Other	Income				
	Trickey, Anne		2	If checi	king "Ceremonial Role" or "Other" de	scribe below:				
				Public purp	ose A and C					
				Ceren	nonial Role Other	Income				
				If checi	king "Ceremonial Role" or "Other" de	scribe below:				
	Name of Outside O	rganization	Number	Dosoribo th	o nublic nurnose made nur	suant to the agency's policy				
	C. Name of Outside O	_	of Ticket(s)/ Passes	Describe til	ie public purpose made pur	suant to the agency's policy				
4.	Verification		-	-						
	I have read and understand FF	PC Regulations 18944	.1 and 18942. I	have verified	that the distribution set f	orth above, is in accordance				
	with the requirements.	J				,				
	onine.	Manraj Dhaliv	val	Com	mission Secretary	04/30/2024				
	Signature of Agency Head or Design		int Name		Title	(month, day, year)				
	Comment:									

. /	Agency Name				Date Stamp	California Q 0 2
	San Francisco Arts Commissi	on				Form OUZ
Ī	Division, Department, or Region	n (if applicable)				For Official Use Only
ī	Designated Agency Contact (Na	ame, Title)				
	Manraj Dhaliwal, Commission	Secretary			Amondment (Must B	Provide Explanation in Part 3.)
7	Area Code/Phone Number E	-mail			Amendment (Must P	TOVIDE EXPIANATION III PAN 3.)
•	415-940-1803 r	manraj.dhaliwal@s	sfgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Informa	ation				Φ0.5
I	Does the agency have a ticket	t policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	\$65
١	Event Description: San Franc			ate(s)	25 / 24	
-	Ficket(s)/Pass(es) provided by	Provide Title/ Expla agency? Yes		no:		
					Name of Source	
١	Nas ticket distribution made a of agency official?	It the behest Yes	□ No ■ ^{If}	yes:	Official's Name (Last, First)	
3.	Recipients					
	Use Section A to identify the agency	's department or unit. •		dentify an individu T	al. Use Section C to identif	y an outside organization.
	A. Name of Agency, Departr	ment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
			Fasses			
			Fasses			
	B. Name of Individ	dual	Number of Ticket(s)/		ldentify one of the f	ollowing:
	B. Name of Individual (Last, First)	dual	Number			- -
		dual	Number of Ticket(s)/	If check	nonial Role Other dering "Ceremonial Role" or "Other" de	Income
	(Last, First)	dual	Number of Ticket(s)/ Passes		nonial Role Other dering "Ceremonial Role" or "Other" de	Income
	(Last, First)	dual	Number of Ticket(s)/ Passes	Public purp	nonial Role Other dering "Ceremonial Role" or "Other" de	Income Scribe below:
	(Last, First)	anization	Number of Ticket(s)/ Passes	Public purp Ceren	onial Role Other ing "Ceremonial Role" or "Other" de OSE E	Income Scribe below:
	Te, Coma Name of Outside Orga	anization	Number of Ticket(s)/ Passes 1 Number of Ticket(s)/	Public purp Ceren If check	onial Role Other ing "Ceremonial Role" or "Other" de OSE E	Income [scribe below:
	Te, Coma C. Name of Outside Orga (include address and de	anization	Number of Ticket(s)/ Passes 1 Number of Ticket(s)/	Public purp Ceren If check	onial Role Other ing "Ceremonial Role" or "Other" de OSE E	Income [scribe below:
1	C. Name of Outside Orga (include address and de	anization escription)	Number of Ticket(s)/ Passes 1 Number of Ticket(s)/ Passes	Public purp Ceren If check Describe th	nonial Role Other ing "Ceremonial Role" or "Other" de OSE E Onial Role Other ing "Ceremonial Role" or "Other" de Osi e public purpose made pur	Income scribe below: Income scribe below: Income scribe below:
1	Te, Coma C. Name of Outside Orga (include address and de	anization escription)	Number of Ticket(s)/ Passes 1 Number of Ticket(s)/ Passes	Public purp Ceren If check Describe th	nonial Role Other ing "Ceremonial Role" or "Other" de OSE E Onial Role Other ing "Ceremonial Role" or "Other" de Osi e public purpose made pur	Income scribe below: Income scribe below: Income scribe below:

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1.	Agency Name				Date Stamp	California Q02			
	San Francisco Arts Commis	ssion				Form OUZ			
	Division, Department, or Regi	ion (if applicable)				For Official Use Only			
	Designated Agency Contact (Name, Title)							
	Manraj Dhaliwal, Commissio	on Secretary			Amondment (Must B	rovide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail			Amendment (Must P	TOVIDE EXPIANATION IN FAIL 3.)			
	415-940-1803	manraj.dhaliwal@s	fgov.org		Date of Original Filing:	(month, day, year)			
_	F					(monar, day, your)			
2.	Function or Event Infor		_			\$100			
	Does the agency have a tick				Each Ticket/Pass \$				
	Event Description: Returning	g to Haifa	D	ate(s)	<u>, 15 , 24 </u>				
		Provide Title/ Explar							
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:	Name of Source				
	Was ticket distribution made	at the behest voc r							
	Was ticket distribution made at the behest Yes No If yes: Official's Name (Last, First)								
	of agency official?								
3.	Recipients								
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.								
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy			
			1 03363						
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:			
		,	1 03503	Coron	nonial Role Other	Income			
	Chu, Jennifer		2		king "Ceremonial Role" or "Other" de	_			
	,			Public purp	ose C				
	-				nonial Role Other	Income			
					king "Ceremonial Role" or "Other" de	 -			
	Name of Outside O		Number						
	C. Name of Outside O (include address and		of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy			
_	M								
4.	Verification	000 Damila (12 2 400 44	4		Aland Alan allahilla (Carana Cit	andla aliana da francisco de			
	I have read and understand FF with the requirements.	°P∪ Regulations 18944	. i and 18942. l	nave verified	ınaı ine aisiribution set f	orth above, is in accordance			
	1100	Manraj Dhaliv	wal	Com	mission Secretary	04/30/2024			
	Signature of Agency Head or Design	nee Pr	rint Name		Title	(month, day, year)			
	•								
	Comment:								

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	remonial Role Even Agency Name				Date Stamp	California Q02
	San Francisco Arts Commis	ssion				Form OUZ
Ī	Division, Department, or Reg	ion (if applicable)				For Official Use Only
ī	Designated Agency Contact (Name, Title)			-	
	Manraj Dhaliwal, Commissio	on Secretary			Amendment (Musi	t Provide Explanation in Part 3.)
	Area Code/Phone Number 415-940-1803	E-mail manraj.dhaliwal@s	efacy ora		Date of Original Filing	
		,	sigov.org		Date of Original Finning	(month, day, year)
	Function or Event Infor	4 11 0		Essis Estation	\$73.96	
	Does the agency have a tick				Each Ticket/Pass \$ _	<u> </u>
	Event Description: Opening	rec./Kristina vvong s	s drama nation	oate(s)	0424	
•	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🗆 If	no:	Name of Source	
,	Was ticket distribution made	at the behest vac	□ Na ■ If	ves:		
	of agency official?	at the period: 165	□ NO ■ ··	,	Official's Name (Last, Firs	t)
3.	Recipients					
	Use Section A to identify the agent	cy's department or unit.	Use Section B to i	dentify an individu	ual. Use Section C to iden	ntify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/	Describe th	e public purpose made p	ursuant to the agency's policy
			Passes			
			Number			
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	e following:
	(Last, Fir.		of Ticket(s)/ Passes		nonial Role Other	Income [
			of Ticket(s)/	If check	nonial Role Other Other Ceremonial Role" or "Other"	Income [
	(Last, Fir.		of Ticket(s)/ Passes	Public purp	nonial Role Other king "Ceremonial Role" or "Other"	Income describe below:
	(Last, Fir.		of Ticket(s)/ Passes	Public purp	nonial Role Other Other Ceremonial Role" or "Other"	Income In
	(Last, Fir.		of Ticket(s)/ Passes	Public purp	nonial Role Other king "Ceremonial Role" or "Other" cose D and Q	Income In
	Remington, Ralph Name of Outside O	rganization	of Ticket(s)/ Passes	Public purp Ceren	nonial Role Other king "Ceremonial Role" or "Other" rose D and Q nonial Role Other king "Ceremonial Role" or "Other"	Income In
	(Last, Fir.	rganization	of Ticket(s)/ Passes 2	Public purp Ceren	nonial Role Other king "Ceremonial Role" or "Other" rose D and Q nonial Role Other king "Ceremonial Role" or "Other"	Income describe below:
	Remington, Ralph Name of Outside O	rganization	of Ticket(s)/ Passes 2 Number of Ticket(s)/	Public purp Ceren	nonial Role Other king "Ceremonial Role" or "Other" rose D and Q nonial Role Other king "Ceremonial Role" or "Other"	Income describe below:
	Remington, Ralph Name of Outside O	rganization	of Ticket(s)/ Passes 2 Number of Ticket(s)/	Public purp Ceren	nonial Role Other king "Ceremonial Role" or "Other" rose D and Q nonial Role Other king "Ceremonial Role" or "Other"	Income describe below:
	Remington, Ralph C. Name of Outside O (include address and	rganization	of Ticket(s)/ Passes 2 Number of Ticket(s)/	Public purp Ceren	nonial Role Other king "Ceremonial Role" or "Other" rose D and Q nonial Role Other king "Ceremonial Role" or "Other"	Income describe below:
	Remington, Ralph C. Name of Outside O (include address and	rganization I description)	of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	Public purp Ceren If chec. Describe th	nonial Role Other king "Ceremonial Role" or "Other" rose D and Q nonial Role Other king "Ceremonial Role" or "Other" re public purpose made p	Income describe below: Income describe below: Income describe below:
	Remington, Ralph C. Name of Outside O (include address and	rganization I description)	of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	Public purp Ceren If chec. Describe th	nonial Role Other king "Ceremonial Role" or "Other" rose D and Q nonial Role Other king "Ceremonial Role" or "Other" re public purpose made p	Income describe below: Income describe below: Income describe below:
	Remington, Ralph C. Name of Outside O (include address and have read and understand FF with the requirements.	rganization I description)	of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	Public purp Ceren If chec. Describe th	nonial Role Other king "Ceremonial Role" or "Other" rose D and Q nonial Role Other king "Ceremonial Role" or "Other" re public purpose made p	describe below: describe below: ursuant to the agency'

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1.	Agency Name				Date Stamp	California 802		
	San Francisco Arts Commis					TOIM S S —		
	Division, Department, or Reg	ion (if applicable)				For Official Use Only		
	Designated Agency Contact (Name, Title)						
	Manraj Dhaliwal, Commissio	on Secretary			Amondment (March	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Amendment (Must)	Provide Explanation in Part 3.)		
	415-940-1803	manraj.dhaliwal@s [.]	fgov.org	Date of Original Filing:(month, day, year)				
2.	Function or Event Infor	mation				Φ00		
	Does the agency have a tick	ket policy? Yes	■ No 🗆 📑	ace Value of	Each Ticket/Pass \$ _	\$38		
	Event Description: Irving Pe	enn and Fashioning Provide Title/ Explar	D	ate(s)	<u>, 14 , 24 </u>			
	Ticket(s)/Pass(es) provided			no:	Name of Source			
	Was ticket distribution made	at the hehest Voc		yes:				
	of agency official?	at the periodic 468 [_ NO ■ "	, <u>-</u>	Official's Name (Last, First)			
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Depart	· ·	Use Section B to ic Number of Ticket(s)/	•		ify an outside organization. rsuant to the agency's policy		
			Number					
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes			following:		
	Remington, Ralph		1	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Public purpose D and E				
					nonial Role Other Cking "Ceremonial Role" or "Other" d			
	C. Name of Outside O (include address and	_	Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy			
<u> </u>	Verification							
┰.	I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942. I	have verified	that the distribution set	forth above, is in accordance		
	Docusigned by: Mantag Dhaliwal	Manraj Dhaliv		Com	mission Secretary	04/09/2024		
	Signatúre of Agency Head or Desigr D65F8A98328F429	nee Pr	int Name		Title	(month, day, year)		
	Comment:							

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1.	Agency Name				Date Stamp	California 802		
	San Francisco Arts Commis					TOIM S S —		
	Division, Department, or Regi	ion (if applicable)				For Official Use Only		
	Designated Agency Contact ((Name, Title)			1			
	Manraj Dhaliwal, Commissio	on Secretary			Amendment (Must	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Amendment (Must	Flovide Explanation in Fait 3.)		
	415-940-1803	manraj.dhaliwal@s	fgov.org		Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	mation				Ф.4. <i>Б</i> .		
	Does the agency have a tick	ket policy? Yes	■ No 🗆 🕒 F	ace Value of	Each Ticket/Pass \$ _	\$45		
	Event Description: Sign My	Name to Freedom	D	ate(s)	<u>/ 29 / 24</u>			
	Ticket(s)/Pass(es) provided			no:	Name of Source			
	\Mas tisket distribution mands			yes:				
	Was ticket distribution made of agency official?	e at the benest Yes [_l No ■ "	yes	Official's Name (Last, First)			
_								
3.	Recipients • Use Section A to identify the agen	icv's department or unit. •	Use Section B to ic	lentify an individu	ual. Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Depa	· ·	Number of Ticket(s)/	,		rsuant to the agency's policy		
			Passes					
			Number		Identify one of the following: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:			
	B. Name of Indi (Last, Fire		of Ticket(s)/ Passes					
	Daminatan Dalah		2					
	Remington, Ralph		2		ose D and Q	coordia actori.		
					nonial Role			
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy			
_	Manification							
4.	Verification I have read and understand FF	PPC Pagulations 18044	1 and 19042	have verified	that the distribution set	forth above is in accordance		
	with the requirements. DocuSigned by:					form above, is in accordance		
	Many Dyalual	Manraj Dhaliv		Com	mission Secretary	04/09/2024 (month day year)		
	Signature of Agency Head or Design D65F8A98328F429	iee Pi	int Name		Title	(month, day, year)		
	Comment:							

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1.	Agency Name				Date Stamp	California 802		
	San Francisco Arts Commis					TOIM S S —		
	Division, Department, or Reg	ion (if applicable)				For Official Use Only		
	Designated Agency Contact	(Name, Title)			-			
	Manraj Dhaliwal, Commissio	on Secretary			Amendment (Must	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Amendment (wast)	Frovide Explanation in Fait 3.)		
	415-940-1803	manraj.dhaliwal@s	fgov.org	ov.org Date of Original Filing:				
2.	Function or Event Infor	mation				¢400		
	Does the agency have a tick	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$ _	\$100		
	Event Description: Larry Th	e Musical	D	late(s) 04	<u>, 13 _, 24 </u>			
	Event Description.	Provide Title/ Expla	nation	atc(3)	/ 			
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:	Name of Source			
					Name of Source			
	Was ticket distribution made	e at the benest Yes	□ No ■ "	yes:	Official's Name (Last, First)			
	of agency official?							
3.	Recipients							
•	 Use Section A to identify the ager 	cy's department or unit. •	Use Section B to id	dentify an individu	ual. Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy			
			Passes					
			Number					
	B. Name of Indi		of Ticket(s)/		Identify one of the following:			
	(Last, Fil		Passes		: ID I D 011			
	Chu, Jennifer		1		nonial Role Other Other Ming "Ceremonial Role" or "Other" d	Income Income		
	Ona, commer			Public purp	ose C			
					nonial Role			
			Number					
	C. Name of Outside O (include address and		of Ticket(s)/	Describe th	ibe the public purpose made pursuant to the agency's policy			
	(,	Passes					
4.	Verification							
	I have read and understand FF with the requirements. DocuSigned by:	PPC Regulations 18944	1.1 and 18942. I	I have verified	that the distribution set	forth above, is in accordance		
	Mania Dhalwal	Manraj Dhali	wal	Com	mission Secretary	04/09/2024		
	Signature of Agency Head or Design	nee P	rint Name		Title	(month, day, year)		
	Comment:							

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1	remonial Role Event Agency Name				Date Stamp	California QQ2
	San Francisco Arts Commis	sion				Form OUZ
İ	Division, Department, or Regi	on (if applicable)				For Official Use Only
Ī	Designated Agency Contact (Name,Title)				
	Manraj Dhaliwal, Commissio	<u>`</u>			Amendment (Mus	st Provide Explanation in Part 3.)
		E-mail	ofacy ora		Date of Original Filing	· · · · · · · · · · · · · · · · · · ·
	415-940-1803	manraj.dhaliwal@s	sigov.org		Date of Original Finite	g:(month, day, year)
	Function or Event Inforr		5	\$250		
	Does the agency have a tick				Each Ticket/Pass \$.	,—··
	Event Description: Lunar Ne	ew Year Concert & E		oate(s)	<u>, 17 , 24 </u>	
	Ticket(s)/Pass(es) provided	•		no:	Name of Source	
	of agency official?	at the benest yes	□ NO ■ ··	you. <u></u>	Official's Name (Last, Firs	st)
3.	Recipients					
	Use Section A to identify the agence	cy's department or unit.	Use Section B to i	dentify an individu	ual. Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe th	e public purpose made p	oursuant to the agency's policy
			Passes			
			1 45555			
			1 40000			
			1 45555			
	B. Name of India		Number of Ticket(s)/		Identify one of the	ne following:
	B. Name of Indiv		Number	Corne		
			Number of Ticket(s)/		Identify one of the nonial Role ☐ Other king "Ceremonial Role" or "Other"	Income _
	(Last, Firs		Number of Ticket(s)/ Passes	If chec	nonial Role Other	Income
	(Last, Firs		Number of Ticket(s)/ Passes	Public purp	nonial Role Other king "Ceremonial Role" or "Other" ose D and Q	Income In
	(Last, Firs		Number of Ticket(s)/ Passes	Public purp	nonial Role Other king "Ceremonial Role" or "Other"	Income In
	Remington, Ralph	nt)	Number of Ticket(s)/ Passes 2	Public purp Ceren	nonial Role Other king "Ceremonial Role" or "Other" rose D and Q nonial Role Other king "Ceremonial Role" or "Other"	Income In
	(Last, Firs	rganization	Number of Ticket(s)/ Passes 2	Public purp Ceren	nonial Role Other king "Ceremonial Role" or "Other" rose D and Q nonial Role Other king "Ceremonial Role" or "Other"	Income In
	Remington, Ralph Name of Outside Or	rganization	Number of Ticket(s)/ Passes 2	Public purp Ceren	nonial Role Other king "Ceremonial Role" or "Other" rose D and Q nonial Role Other king "Ceremonial Role" or "Other"	Income In
	Remington, Ralph Name of Outside Or	rganization	Number of Ticket(s)/ Passes 2	Public purp Ceren	nonial Role Other king "Ceremonial Role" or "Other" rose D and Q nonial Role Other king "Ceremonial Role" or "Other"	Income In
	Remington, Ralph Name of Outside Or	rganization	Number of Ticket(s)/ Passes 2	Public purp Ceren	nonial Role Other king "Ceremonial Role" or "Other" rose D and Q nonial Role Other king "Ceremonial Role" or "Other"	Income In
4.	Remington, Ralph Name of Outside Or	rganization	Number of Ticket(s)/ Passes 2	Public purp Ceren	nonial Role Other king "Ceremonial Role" or "Other" rose D and Q nonial Role Other king "Ceremonial Role" or "Other"	Income In
	Remington, Ralph C. Name of Outside Or (include address and verification) I have read and understand FP.	ganization description)	Number of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	Public purp Ceren If check Describe th	nonial Role Other king "Ceremonial Role" or "Other" rose D and Q nonial Role Other king "Ceremonial Role" or "Other" re public purpose made p	Income In
	Remington, Ralph C. Name of Outside Or (include address and	ganization description)	Number of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	Public purp Ceren If chec. Describe th	nonial Role Other king "Ceremonial Role" or "Other" rose D and Q nonial Role Other king "Ceremonial Role" or "Other" re public purpose made p	Income In

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1.	Agency Name			Date Stamp	California 802		
	San Francisco Arts Commis					TOITH	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Designated Agency Contact	(Name, Title)			-		
	Manraj Dhaliwal, Commissio	on Secretary			Amendment (Must I	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Amendment (Must I	-rovide Explanation in Fait 5.)	
	415-940-1803	manraj.dhaliwal@s	fgov.org		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation				\$40.\$47E	
	Does the agency have a tick		.,0	ace Value of	Each Ticket/Pass \$ _	\$49-\$175	
	Event Description: SF Sym	phony: Brass Esemb	le D	ate(s)	<u>, 10 , 24 </u>		
	Ticket(s)/Pass(es) provided	•		no:	Name of Source		
			ı£		Name of Source		
	Was ticket distribution made of agency official?	e at the behest Yes [□ No 🔳 IT	yes:	Official's Name (Last, First)		
3.	Recipients						
	Use Section A to identify the agen	icy's department or unit. • I	1	dentify an individu	ual. Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
	SF Arts Commissioners Galleries		2 Public Purpose D				
			2	Public Purpose D			
	B. Name of Indi		Number of Ticket(s)/ Passes	Identify one of the following:			
					nonial Role Other C king "Ceremonial Role" or "Other" d		
					nonial Role Other C		
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy	
4.	Verification						
	I have read and understand FF with the requirements. —DocuSigned by:	I have read and understand FPPC Regulations 18944.1 and 18942. I have with the requirements.				forth above, is in accordance	
	Manray Dhaliwal	Manraj Dhaliv		Com	mission Secretary	04/09/2024	
	Signature of Agency Head or Designee Print Name D65F8A98328F429				Title	(month, day, year)	
	Comment:						

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1.	Agency Name			Date Stamp California Form 802			
	San Francisco Arts Commi					Form OUZ For Official Use Only	
	Division, Department, or Reg	ion (if applicable)				, or ombian coo omy	
	Designated Agency Contact	(Name, Title)			1		
	Manraj Dhaliwal, Commissi	on Secretary			Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail					
	415-940-1803	manraj.dhaliwal@s	fgov.org		Date of Original Filing:	:(month, day, year)	
2.	Function or Event Infor	mation				***	
	Does the agency have a tic	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$ _	\$39-\$109	
	Event Description: SF Sym	phony: Lunar New Ye	ear D	ate(s)	<u>, 17 , 24 </u>		
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🗆 If	no:			
			ıe		Name of Source		
	Was ticket distribution made	e at the behest Yes [□ No 🔳 If	yes:	Official's Name (Last, First))	
	of agency official?						
_ 3.	Recipients						
	• Use Section A to identify the age	ncy's department or unit. • I	Use Section B to ic	dentify an individu	ual. Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Dep	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's p				
	Finance	2	Public Purp	oose D			
	Admin	8	Public Purp	pose D			
	B. Name of Ind		Number of Ticket(s)/ Passes	Identify one of the following:			
					nonial Role Other C king "Ceremonial Role" or "Other" o		
				Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:			
	Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy		
4.	Verification						
	I have read and understand Fl with the requirements. —DocuSigned by:	PPC Regulations 18944	.1 and 18942. I	I have verified	that the distribution set	forth above, is in accordance	
	Manray Dhaliwal	Manraj Dhaliv	val	Com	mission Secretary	04/09/2024	
	Signature of Agency Head or Desig	nee Pr	int Name		Title	(month, day, year)	
	Comment:						

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

3.



Agency Name

	pients ection A to identify the agency's department or ur	nit. •Use Section B to i	dentify an individual. Use Section C to identify an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Gall	eries	4	Public Purpose D
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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1.	Agency Name				Date Stamp	California 802	
	San Francisco Arts Commis					TOITH	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Designated Agency Contact	(Name, Title)			-		
	Manraj Dhaliwal, Commissio	on Secretary			☐ Amendment (Must)	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Amendment (Musit	-Tovide Explanation in Fait 5.)	
	415-940-1803	manraj.dhaliwal@st	fgov.org		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation				ΦEO 400	
	Does the agency have a tick	ket policy? Yes I	■ No 🗆 📑	ace Value of	Each Ticket/Pass \$ _	\$59-169	
	Event Description: SF Sym	phony:Casino Royale) D	ate(s)	<u>, 08 , 24 </u>		
	Ticket(s)/Pass(es) provided	Provide Title/ Explan		no:			
	ricket(s)/Fass(es) provided	by agency: Yes	■ NO 🔲 II	110.	Name of Source		
	Was ticket distribution made	at the behest Yes	□ No 🔳 If	yes:	Official's Name (Last, First)		
	of agency official?	_			Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agen	ncy's department or unit. • l	1	dentify an individu	ual. Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	rsuant to the agency's policy		
	SF Arts Commissioners		2				
	Admin		2 Public Pui		rpose D		
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the following:		
					nonial Role Other Cking "Ceremonial Role" or "Other" d	_	
					nonial Role Other C	_	
	Name of Outside O		Number of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy		
<u> </u>	 Verification						
	I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942. I	have verified	that the distribution set i	forth above, is in accordance	
	Docusigned by: Mansa Dpalewal	Manraj Dhaliv	val	Com	mission Secretary	04/09/2024	
	Signature of Agency Head or Designee Print Name D65F8A98328F429				Title	(month, day, year)	
	Comment:						

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

3.



Agency Name

	pients ection A to identify the agency's department or uni	t. • Use Section B to i	dentify an individual. Use Section C to identify an outside organization.
A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Gall	eries	2	Public Purpose D
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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1.	Agency Name			Date Stamp	California 802		
	San Francisco Arts Commis					TOTAL OF THE	
	Division, Department, or Regi	ion (if applicable)				For Official Use Only	
	Designated Agency Contact ((Name, Title)			1		
	Manraj Dhaliwal, Commissio	on Secretary			Amendment (Must	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Amendment (Must	Flovide Explanation in Fait 5.)	
	415-940-1803	manraj.dhaliwal@s	fgov.org		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation				#240	
	Does the agency have a tick	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$ _	\$340	
	Event Description: Sting, SI	F Symphony	D	ate(s)	<u>, 14 , 24 </u>		
	T:- +/-\/D/\	Provide Title/ Expla					
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:	Name of Source		
	Was ticket distribution made of agency official?	at the behest Yes [□ No 🖬 lf	yes:	Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Depart		Use Section B to ic Number of Ticket(s)/ Passes			ify an outside organization. Irsuant to the agency's policy	
	-	Name of Individual			Identify one of the following:		
	Remington, Ralph	SI)	Passes 2	If checi	remonial Role Other Income Cecking "Ceremonial Role" or "Other" describe below:		
				Ceren	nonial Role Other Other Cking "Ceremonial Role" or "Other" d		
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy	
4.	Verification						
	I have read and understand FF with the requirements.	PPC Regulations 18944	l.1 and 18942. I	have verified	that the distribution set	forth above, is in accordance	
	DocuSigned by: Mansay Dhalmal Signature of Agency Head or Design	Manraj Dhali	wal	Com	mission Secretary	04/09/2024 (month, day, year)	
	Signature of Agents Head of Design Design Design Phase Ray 228-429	P	iiiit ivailie		Hue	(monur, uay, year)	

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1.	Agency Name				Date Stamp	California Q02		
	San Francisco Arts Commis	ssion				Form OUZ		
	Division, Department, or Reg	ion (if applicable)				For Official Use Only		
	Designated Agency Contact ((Name, Title)						
	Manraj Dhaliwal, Commissio	on Secretary			Amandanant (44) (4	Builds Endoughist De (A)		
	Area Code/Phone Number	E-mail			Amenament (Must F	Provide Explanation in Part 3.)		
	415-940-1803	 manraj.dhaliwal@s	fgov.org		Date of Original Filing:	j:(month, day, year)		
_		,				(montn, day, year)		
2.	Function or Event Infor	mation				\$199		
	Does the agency have a tick			ace Value of	Each Ticket/Pass \$ _	Ψ199		
	Event Description: MTT CO	ONDUCTS MAHLER	5 D	ate(s) 01	<u> 26 _/ 24</u>	1 1		
		Provide Title/ Explai	nation	. ,				
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:	Name of Source			
	Man tinket dintelleration mande			yes:				
	Was ticket distribution made	e at the benest Yes [_l No ■ "	yes	Official's Name (Last, First)			
	of agency official?							
_ 3.	Recipients							
•	 Use Section A to identify the agen 	ncy's department or unit. •	Use Section B to ic	dentify an individu	ual. Use Section C to identi	ify an outside organization.		
	A. Name of Agency, Depa	Number of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's policy			
			Passes					
			Newton					
	B. Name of Indi		Number of Ticket(s)/		Identify one of the following:			
	(Last, Fir	ist)	Passes					
	Dansianton Dalah				nonial Role Other Other Market Other Market Other Other Other Other	Income Income		
	Remington, Ralph		2			escribe below.		
				Public purp	oose D, E, and O			
					nonial Role Other	-		
				If checi	king "Ceremonial Role" or "Other" de	escribe below:		
	Name of Outside O		Number of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's policy		
	(include address and	i description)	Passes					
4.	Verification							
	I have read and understand FPPC Regulations 18944.1 and 18942. I have with the requirements.				that the distribution set i	forth above, is in accordance		
	DocuSignéd by: Manray Dhaliwal	Manraj Dhali	wal	Com	mission Secretary	04/09/2024		
					Title	(month, day, year)		
	D65F8A98328F429'	Signature of Agency Head or Designee Print Name D65F8A98328F429						
	Comment:							

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1.	Agency Name				Date Stamp	California 802		
	San Francisco Arts Commis					TOTHI		
	Division, Department, or Reg	ion (if applicable)				For Official Use Only		
	Designated Agency Contact	Name, Title)			1			
	Manraj Dhaliwal, Commissio	on Secretary			☐ Amendment (Must	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Amendment (Must	Frovide Explanation in Fait 3.)		
	415-940-1803	manraj.dhaliwal@s	fgov.org		Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	mation				Ф 2.5		
	Does the agency have a tick	ret policy? Yes	■ No □ F	ace Value of	f Each Ticket/Pass \$\$35			
	Event Description: Undergr	ound Jazz Cabaret Provide Title/ Explar	D	ate(s)	<u>/ 03 / 24</u>			
	Ticket(s)/Pass(es) provided			no:				
	. , , , ,				Name of Source			
	Was ticket distribution made	at the behest Yes [□ No 🔳 If	yes:	Official's Name (Last, First)			
	of agency official?							
3.	•		llas Castian Das is		.al Alas Castian Chaidant			
	Use Section A to identify the ager Name of Agency, Depart	Number of Ticket(s)/		he public purpose made pursuant to the agency's policy				
			Passes					
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the following:			
	(Last, Fir	st)	Passes					
	Pate, Denise		2	Ceremonial Role Other Income I				
				Ceren	nonial Role Other [Income		
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy			
4.	Verification							
	I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942. I	have verified	that the distribution set	forth above, is in accordance		
	DocuSigned by: **Manual Dhalmal Signature of Agency Head or Design	Manraj Dhaliv	wal	Com	mission Secretary	04/09/2024 (month, day, year)		
	D65F8A98328F429	FI.			Higo	(monur, day, year)		
	Comment:							

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۱.	Agency Name				Date Stamp	California Q02		
	San Francisco Arts Commis	ssion				Form OUZ		
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only		
	Designated Agency Contact	(Name, Title)						
	Manraj Dhaliwal, Commission	on Secretary						
	Area Code/Phone Number	E-mail			Amenament (Must P	rovide Explanation in Part 3.)		
	415-940-1803	manraj.dhaliwal@s	fgov.org		Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	mation						
	Does the agency have a ticl	ket policy?	■ No□ F	ace Value of	Each Ticket/Pass \$	\$35		
	Event Description: Living H							
	Event Description:	Provide Title/ Explai	nation	ate(s)	<u>, 03 , 24 </u>			
	Ticket(s)/Pass(es) provided			no:	Name of Source			
	Was ticket distribution made	at the behest Yes [□ No 🔳 🏻 If	yes:	Official's Name (Last, First)			
	of agency official?				emolare reame (East, Firety			
3.	Posinients							
J .	Recipients • Use Section A to identify the ager	ncy's department or unit. •	Use Section B to ic	lentify an individu	ual. Vse Section C to identif	v an outside organization		
	- OSC SCCHOIT TO IDENTITY THE USER	ley 3 department of diffe.	Number		dai. Ose section e to identifi	y arroadside organization.		
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy		
	R Name of Indi	ividual	Number		Identify one of the following:			
	B. Name of Indi		of Ticket(s)/ Passes	Identify one of the following:				
				Ceren	nonial Role Other	Income		
	Remington, Ralph		2	If checi	king "Ceremonial Role" or "Other" de	scribe below:		
				Public purp	ose D and I			
				Ceren	nonial Role Other	Income		
				If checi	king "Ceremonial Role" or "Other" de	scribe below:		
	Name of Outside O	rganization	Number of Ticket(s)/	Describe th	ne nublic nurnose made nur	suant to the agency's policy		
	(include address and	l description)	Passes	Describe tri	ic public purpose made pur	Suant to the agency 5 poncy		
4.	Verification							
	I have read and understand FF	PC Regulations 18944	.1 and 18942. I	have verified	that the distribution set fo	orth above, is in accordance		
	with the requirements. — DocuSigned by:							
	Manual Dhaliwal	Manraj Dhaliv	wal	Com	mission Secretary	04/09/2024		
	Signature of Agency Head or Design	nee Pr	rint Name		Title	(month, day, year)		
	Comment:							

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	remonial Role Events Agency Name				Date Stamp	California Ong	
	San Francisco Arts Commiss	ion			·	Form OUZ	
Ī	Division, Department, or Regio	n (if applicable)				For Official Use Only	
ī	Designated Agency Contact (N	ame.Title)					
	Manraj Dhaliwal, Commissior						
	-	E-mail			Amendment (Must Prov	ide Explanation in Part 3.)	
	415-940-1803	manraj.dhaliwal@s	fgov.org		Date of Original Filing:	(month, day, year)	
	Function or Event Inform	ation				4	
	Does the agency have a ticke	et policy? Yes	■ No □ F	ace Value of l	Each Ticket/Pass \$	\$2000	
	Event Description: CCA Gala	Honoring Jack Wa	dsworth D	ate(s)	, 21 , 24		
	Ticket(s)/Pass(es) provided b	Provide Title/Explai		no:			
	Tionot(o)/T doo(oo) provided b	y agonoy . Tes	_		Name of Source		
,	Was ticket distribution made a of agency official?	at the behest Yes [□ No 🔳 lf	yes:	Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agency	v's denartment or unit •	lentify an individu	ual •Ise Section C to identify a	n outside organization		
	- ose section A to identify the agency	r's department of unit.	Number	lentily an individu	dai. Use Section C to identity a	Troutside organization.	
	A. Name of Agency, Depart	of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy		
	B. Name of Indivi	Number of Ticket(s)/		Identify one of the foll	owing:		
	(Last, First)		Passes		owing.		
	B B				nonial Role Other Other	Income _	
	Remington, Ralph		2	Public purp	ose D	ое регом.	
					Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:		
	Name of Outside Org		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy	
·. '	Verification						
	I have read and understand FPP with the requirements.	C Regulations 18944	.1 and 18942. I	have verified t	that the distribution set fort	h above, is in accordance	
	I have read and understand FPP	C Regulations 18944 Manraj Dhaliv			that the distribution set fort mission Secretary	h above, is in accordance 04/09/2024	

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١.	Agency Name				Date Stamp	California Q02			
	San Francisco Arts Commis	ssion				Form OUZ			
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only			
	Designated Agency Contact	Name, Title)							
	Manraj Dhaliwal, Commission	on Secretary			Amondment (Must D)	avida Sunlanation in Dad 2)			
	Area Code/Phone Number	E-mail			Amendment (Must Pi	ovide Explanation in Part 3.)			
	415-940-1803	manraj.dhaliwal@s	fgov.org		Date of Original Filing: _	(month, day, year)			
2.	Function or Event Infor	mation							
	Does the agency have a ticl	ket policy?	■ No□ F	ace Value of	Each Ticket/Pass \$\$55				
	<u> </u>				<u>, 07 , 24 </u>				
	Event Description: Kaleidos	Provide Title/ Explai	D nation	ate(s)	<u> </u>				
	Ticket(s)/Pass(es) provided			no:					
	., ., .,				Name of Source				
	Was ticket distribution made	at the behest Yes [□ No 🔳 lf	yes:	Official's Name (Last, First)				
	of agency official?								
3.	Recipients								
J .	• Use Section A to identify the ager	cv's department or unit •	ıal ♦Ise Section C to identifi	v an outside organization					
	- Ose Section 7 to identify the ager	ey s department of diffe.	Number		· · · ·				
	A. Name of Agency, Depart	of Ticket(s)/	Describe th	ne public purpose made purs	suant to the agency's policy				
			Passes						
			Number						
	B. Name of Indi		of Ticket(s)/ Passes		Identify one of the following:				
	(=33) / //		rasses	Caran	nonial Role Other	Income			
	Te, Coma		1		king "Ceremonial Role" or "Other" des				
	. 5, 55			Public purp	ose I				
					nonial Role Other Other Manager Other O	Income L			
	Name of Outside O		Number						
	C. Name of Outside O (include address and	_	of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy			
			1 40000						
1	Verification								
┿.	I have read and understand FF	PPC Regulations 18011	1 and 180/12	have varified	that the distribution set fo	orth above is in accordance			
	with the requirements.	PC Regulations 16944	. I anu 10942. I	nave vermeu	ınat ine distribution set ic	irtii above, is iri accordance			
	DocuSignéd by: Manray Dhaliwal	Manraj Dhaliv	wal	Com	mission Secretary	04/09/2024			
	Signature of Agency Head or Design	•	rint Name		Title	(month, day, year)			
	Comment:								

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1.	Agency Name				Date Stamp	California 802	
	San Francisco Arts Commis					TOIM S S —	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Designated Agency Contact	(Name, Title)			1		
	Manraj Dhaliwal, Commissio	on Secretary			☐ Amendment (Must	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Amendment (Must	Frovide Explanation in Fait 3.)	
	415-940-1803	manraj.dhaliwal@s	fgov.org		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation				Ф.4-7	
	Does the agency have a tick			ace Value of	Each Ticket/Pass \$ _	\$47	
	Event Description: Kristina	Wong's Sweatshop C	Overlord D	ate(s)	<u>/ 04 / 24</u>		
	Ticket(s)/Pass(es) provided			no:	Name of Source		
	\Mas tisket distribution made						
	Was ticket distribution made of agency official?	e at the benest Yes L	_l No ■ "	yes:	Official's Name (Last, First)		
3.	• Use Section A to identify the agen A. Name of Agency, Depare	· ·	Use Section B to ic Number of Ticket(s)/ Passes			ify an outside organization.	
	B. Name of Indi	Number of Ticket(s)/		Identify one of the	following:		
	Remington, Ralph	SI)	Passes 2	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Public purpose D and Q			
					nonial Role Other C	_	
		C. Name of Outside Organization (include address and description)			the public purpose made pursuant to the agency's policy		
<u> </u>	Verification						
	I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942. I	have verified	that the distribution set i	forth above, is in accordance	
	DocuSigned by: Manuar Dhalwal Signature of Aconcy Head or Docide	Manraj Dhaliv		Commission Secretary 04/09/2024			
	Signatúre of Agency Head or Desigr D65F8A98328F429	iee Pr	int Name		Title	(month, day, year)	
	Comment:						

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1.	Agency Name San Francisco Arts Commission Division, Department, or Region (if applicable)				Date Stamp	California 802	
						For Official Use Only	
	Designated Agency Contact Lex Leifheit, Deputy Director	,					
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)		
	415-471-4441	lex.leifheit@sfgov.d	org		Date of Original Filing:	:(month, day, year)	
2.	Function or Event Information						
	Does the agency have a tic	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$ _	\$100	
	Event Description: BIG DA	D	oate(s)	<u>, 21 , 24 </u>			
	Ticket(s)/Pass(es) provided		no:				
	. , , , ,				Name of Source		
	Was ticket distribution made	e at the behest Yes	□ No 🖬 If	yes:	Official's Name (Last, First))	
	of agency official?						
3.	Recipients						
		Number		lual. Use Section C to identify an outside organization. he public purpose made pursuant to the agency's policy			
	A. Name of Agency, Dep	of Ticket(s)/ Passes	Describe th				
	.	B. Name of Individual (Last, First)			Identify one of the following:		
	Remington, Ralph		2 If che		emonial Role Other Income cecking "Ceremonial Role" or "Other" describe below:		
					nonial Role Other Other Cking "Ceremonial Role" or "Other" o	Income Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy		
						_	
4.	/erification						
	I have read and understand FPPC Regulations 18944.1 and 189 with the requirements.			i. I have verified that the distribution set forth above, is in accordance			
	DocuSigned by: Mansaf Dhaliwal	gton	Direc	ctor of Cultural Affairs			
	Signature of Agency Head or Design D65F8A98328F429	nee P	rint Name		Title	(month, day, year)	
	Comment:						

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۱.	Agency Name				Date Stamp	California Q02		
	San Francisco Arts Commis				Form OUZ			
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only		
	Designated Agency Contact (Name, Title)							
	Manraj Dhaliwal, Commission Secretary							
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)			
	415-940-1803	 manraj.dhaliwal@s	fgov.org		Date of Original Filing: _	(month, day, year)		
		, ,				(month, day, year)		
2.	Function or Event Infor	mation				\$40		
	Does the agency have a tick	ket policy? Yes	■ No 🗆 📑	ace Value of	Each Ticket/Pass \$			
	Event Description: "Pipeline	e" by Dominique Mori	sseau D	ate(s) 03				
	Zvenk Besonparen:	Provide Title/ Explar	nation	. ,				
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:	Name of Source			
	\\\\- \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-						
	Was ticket distribution made	e at the benest Yes [」No■ "	yes:	Official's Name (Last, First)			
	of agency official?							
3.	Recipients							
	 Use Section A to identify the agen 	cy's department or unit.	Use Section B to ic	dentify an individu	ual. Use Section C to identify	an outside organization.		
			Number		·			
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's policy			
			1 40000					
	B. Name of Individual (Last, First)		of Ticket(s)/ Passes	Identify one of the following:				
			Ce		nonial Role Other	Income		
	Pate, Denise			king "Ceremonial Role" or "Other" des				
	,			Public purp	olic purpose A, C, D, E, G, J, L, M, P, V, S			
				Ceren	nonial Role Other	Income		
					king "Ceremonial Role" or "Other" des			
	Name of Outside O	Number						
	C. (include address and		of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy		
	-							
1	Verification							
+.		DDC Boaulations 19044	1 and 10010	l hava varifical	that the distribution ast fo	rth above in in accordance		
	I have read and understand FF with the requirements.	PC Regulations 16944	. I and 1 094 2. I	riave verilled	ınat ine distribution set ro	rtin above, is in accordance		
	DocuSigned by:	wol C		mission Secretary	04/09/2024			
	Manual Dhalwal Signature of Agency Head or Design	Manraj Dhaliv	rint Name		Title	(month, day, year)		
	D65F8A98328F429	FI	mit Name		1146	(monun, day, year)		
	Comment:							



This form is for use by all state and local government agencies. The form identifies persons that receive admission tickets and passes and describes the public purpose for the distribution. This form was prepared by the Fair Political Practices Commission (FPPC) and is available at www.fppc.ca.gov.

General Information

FPPC Regulation 18944.1 sets out the circumstances under which an agency's distribution of tickets to entertainment events, sporting events, and like occasions would not result in a gift to individuals that attend the function. In general, the agency must adopt a policy which identifies the public purpose served in distributing the admissions. The Form 802 serves to detail each event and the public purpose of each ticket distribution. FPPC Regulation 18942 lists exceptions to reportable gifts, including ceremonial events, when listed on this form.

When the regulation procedures are followed, persons, organizations, or agencies who receive admissions are listed on a Form 802. Agency officials do not report the admissions on the official's Statement of Economic Interests, Form 700, and the value of the admission is not subject to the gift limit.

The Form 802 also informs the public as to whether the admissions were made at the behest of an agency official and whether the behested tickets were provided to an organization or to specific individuals.

Exception

FPPC This form is not required for admission provided to a school or university district official, coach, athletic director, or employee to attend an amateur event performed by students of that school or university.

Reporting and Public Posting

Ticket Distribution Policies: An agency must post its ticket policy on its website within 30 days of adoption or amendment and e-mail a link of the website location to FPPC at form802@fppc.ca.gov.

Form 802: The use of the ticket or pass under the policy must be reported on Form 802 and posted on the agency's website within 45 days of distribution. A link to the website location of the forms must be e-mailed to FPPC at form802@fppc.ca.gov.

The FPPC will post on its website the link to each agency's policy and completed forms. It is not necessary to send an e-mail each time a new Form 802 is posted. It is only necessary to submit the link if the posting location changes.

This form must be maintained as a public document.

Privacy Information Notice

Information requested by the FPPC is used to administer and enforce the Political Reform Act. Failure to provide information may be a violation subject to administrative, criminal, or civil penalties. All reports are public records available for inspection and reproduction. Direct questions to FPPC's General Counsel.

Instructions

Part 1. Agency Identification:

List the agency's name. Provide a designated agency contact person, their phone number, and e-mail address. Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

Part 2. Function or Event Information:

Confirm that your agency has a policy for ticket distribution. Unless the ceremonial role or income box in Part 3, Section B, is marked, this form is only applicable if your agency has a policy.

Complete all of the other required fields that identify the ticket value, description of event, date(s) and whether the ticket was provided by the agency or an outside source. If an agency official behests the tickets, the official's name is also required. Use the comment field or an attachment to explain in full.

Part 3. Ticket Recipients:

This part identifies who uses the tickets. The identification requirements vary depending upon who received the tickets and are categorized into three sections. Each section must list the number of tickets received. Use the comment field or an attachment to explain in full.

Section A. Report tickets distributed to agency staff, other than an elected official or governing board member, pursuant to the agency's policy. It is not necessary to list each employee's name, but identify the unit/department for which the employee works. The agency must describe the public purpose associated with the ticket distribution. A reference to the policy is permissible.

Section B. Report: 1) any agency official who performs a ceremonial role; 2) any agency official who reports the value as income; or 3) tickets used by elected officials and governing board members (including those distributed pursuant to the agency's policy).

Section C. Report tickets provided to an organization. The organization's name, an address (website url is permissible), and a brief description of the public purpose are required.

SAN FRANCISCO ARTS COMMISSION

Resolution No. 1107-22-185 [November 7, 2022]

Ticket Distribution Policy

WHEREAS, The San Francisco Arts Commission is a municipal arts and culture department under Article V of the San Francisco Charter governed by the Arts Commission ("Arts Commission");

WHEREAS, The Arts Commission, as a City agency, may distribute tickets or passes for exhibitions, programs, or events organized, funded, or otherwise supported by the Arts Commission to further its public purposes and in fulfillment of other legitimate governmental and public purposes;

WHEREAS, Public officials and employees involved in the governance, funding, advising, management or administration of the Arts Commission are more effectively able to understand and appreciate the offerings and operations of the Arts Commission and execute their responsibilities by attending Arts Commission exhibitions, programs, and events;

WHEREAS, Because the Arts Commission's exhibitions, programs, and events form an essential and core part of the operations and public purposes of the Arts Commission, the Arts Commission also expects and encourages its members to attend several exhibitions, programs, and events in furtherance of their public duties as commissioners;

WHEREAS, the updated California Fair Political Practices Commission ("FPPC") Regulation 18944.1, addresses the distribution of tickets and passes by City agencies to public officials and employees, and provides that the distribution of a ticket or pass by an agency to a public official constitutes a gift to the public official unless such distribution meets specific criteria and is made in accordance with a written policy adopted by the governing body of the agency setting forth specific requirements;

WHEREAS, Under Regulation 18944.1, the Arts Commission, as a City agency, **must** adopt a written policy that contains, at a minimum, (1) a provision setting forth the public purposes of the agency to be accomplished by the distribution of tickets or passes; (2) a provision requiring that the distribution of any ticket or pass by the agency to, or at the behest of, an official accomplish a public purpose of the agency; and (3) a provision prohibiting the transfer by any official of any ticket or pass, distributed to such official pursuant to the agency policy, to any other person, except to members of the official's immediate family or no more than one guest, solely for their personal use.

WHEREAS, FPPC Regulation 18944.1, as amended, is on file with the Secretary of the Arts Commission and is hereby declared to be a part of this policy; now, therefore, be it

RESOLVED, That the Arts Commissioners hereby adopt the following ticket distribution policy:

Arts Commission Ticket Distribution Policy

November 7, 2022

1. <u>Public Purposes of Distribution of Tickets or Passes.</u>

The distribution of any ticket or pass by the City agency known as the Arts Commission ("Arts Commission") to, or at the behest of, a public official shall accomplish one or more of the following types of public purposes ("Arts Commission Public Purposes"):

- a. Furthering the purposes of the Arts Commission under Section 5.103 of the Charter.
- b. Facilitating public officials' familiarity with, or ability to carry out their services or fiduciary duties with respect to, the management, administration, and/or care of the City's facilities.
- c. Increasing the understanding and appreciation of the offerings and operations of the Arts Commission by City officers and employees involved in the governance, funding, advising, management or administration of the Arts Commission.
- d. Promotion of cultural, artistic, educational, recreational, and community activities in the City.
- e. Promotion of exhibitions, events, activities, programs, and resources available at City facilities and elsewhere within San Francisco.
- f. Information gathering and education regarding matters of local, regional and state-wide concern that affect the City including enhancing intergovernmental relations including attendance at events with or by elected and appointed officials, and their immediate family members or no more than one guest, from other jurisdictions.
- g. Promoting or showing City appreciation for programs and services rendered by community and other non-profit resources for the benefit of the community including artistic and cultural organizations and institutions.
- h. Monitoring and evaluation of operation and maintenance of public facilities available for City resident and visitor use.
- i. Increasing public exposure to, and appreciation of, the artistic, recreational, cultural, and educational facilities and programs available to the public within the City.
- j. Increasing public familiarity with public exhibitions, resources, programs, and performances, available to City residents and visitors.
- k. Promotion of economic development and employment in the City and surrounding areas.
- 1. Supporting local businesses, including charitable organizations.
- m. Increasing City tourism, including conferences, conventions, and special events.
- n. Awareness of resources available to City residents, including charitable and nonprofit organization resources.
- o. Increasing use or appreciation of City-run, sponsored or supported exhibitions, community programs or public programs or performances held in City facilities.
- p. Highlighting community programs within the City, including programs organized or supported by charitable and nonprofit organizations.
- q. Promoting public and private facilities, services, events and programs available for City resident and visitor use or enjoyment, including charitable and nonprofit organization facilities, services and programs.
- r. Participation in exchange programs with foreign officials and representatives.
- s. Providing increased exposure to, or gathering public input on, City services, facilities and spaces.
- t. Assessing supporting organization, licensee, and customer service needs and satisfaction.
- u. Identifying or evaluating procedural and physical deficiencies in programs and facilities.

- v. Facilitating increased direct contact, input from, and communication with, supporting organizations, licensees, and event representatives.
- w. Furthering any other public purpose that a department or commission is required or authorized by law to pursue.

Any public purpose similar to those listed herein or any public purpose identified in any City contract or as may be determined by resolution of the Arts Commission. If the public purpose justifying the ticket distribution is for oversight or inspection of City facilities, then there must also be a written inspection report of findings and recommendations by the official receiving the ticket or pass.

2. Prohibition on Transfer.

A public official who has received a ticket or pass distributed under this policy shall not transfer such ticket or pass to any other person, except to the public official's immediate family (spouse/partner and dependent children) or to no more than one guest, solely for their personal use. But the public official must accompany any immediate family member or guest who received a ticket or pass through a transfer to the exhibition, event or performance.

3. Disclosure.

As required by the FPPC Regulation 18944.1, the Arts Commission shall prominently post this policy and the following information regarding the distribution of any tickets or passes under this policy on the Arts Commission's website, on a form provided by the FPPC within 45 days after the ticket/pass distribution and will send the FPPC an email with the Arts Commission's website link that displays the form so that the FPPC may post the link:

- The name of the person receiving the ticket or pass, or if the ticket or pass is distributed to a department or other unit of the agency, and not used by a member of the governing body, political appointee, department head, or chief administrative officer of the agency, the name of the department or other unit of the agency receiving the ticket or pass and the number of tickets or passes provided to the department. If the ticket or pass is distributed to a non-City organization, the name, address, description of the organization, and the number of tickets or passes provided to the organization;
- A description of the event;
- The date of the event:
- The fair value of the ticket or pass as that term is defined in Regulation 18946, subdivision (d)(1);
- The number of tickets or passes provided to each person;
- If the ticket or pass is distributed at the behest of a public official, the name of the official who requested the distribution of the ticket or pass;
- A description of the public purpose under which the distribution was made or, alternatively, that the ticket or pass was distributed as income to the official; and
- A written inspection report of findings and recommendations by the official receiving the ticket or pass if received for the oversight or inspection of City facilities.

4. Distribution of Tickets.

The Director of Cultural Affairs is the department official authorized to exercise discretion in the distribution of tickets and passes. The Director, or the Director's designee, shall have the authority to determine whether the distribution of tickets and/or passes to a particular recipient furthers one or more of the public purposes specified under this policy. Notwithstanding the above, the disproportionate use of tickets or passes by a member of the Board of Supervisors or other City elected official, City commissioners, City department heads, or the City Administrator is prohibited.