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Agency Name				Date Stamp	California 802
Film Commission					TOTAL OF THE
Division, Department, or Reg	jion (if applicable)				For Official Use Only
Designated Agency Contact	(Name, Title)				
City Hall, Room 473, San F	rancisco, CA 9102		}	Amandment (Mark)	Describe Combonation in Dark 2.)
Area Code/Phone Number	E-mail			Amendment (Must F	Provide Explanation in Part 3.)
(415) 554 - 6241	film@sfgov.org			Date of Original Filing:	(month dou your)
<u> </u>					(month, day, year)
Function or Event Infor					20.00
Does the agency have a tic	ket policy? Yes ■			Each Ticket/Pass \$ _	20.00
Event Description: 110 Ye	ears of the Roxie Thea	iter 😃 D	ate(s)/	10 , 2024	1 1
	Provide Title/ Explana	tion			
Ticket(s)/Pass(es) provided	l by agency? Yes □	No 🔳 If	no: Roxie T		
Maa tialaat aliatuibutian maad			yes:	Name of Source	
Was ticket distribution made	e at the benest Yes [No 🔳	yes	Official's Name (Last, First)	
of agency official?					
Recipients					
 Use Section A to identify the age 	ncy's department or unit. • Us	se Section B to id	dentify an individu	al. Use Section C to identi	fy an outside organization.
		Number			
A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe the	public purpose made pu	rsuant to the agency's policy
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Film Commission		2	related activities 2.1	ncreasing public exposure to, and of filmmaking in San Francisco.	
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Des	signated Agency Contact	(Name, Title)					
Cit	y Hall, Room 473, San F	rancisco, CA 9102			☐ Amendmer	t (Must Pro	ovide Explanation in Part 3.)
Are	a Code/Phone Number	E-mail			Amendmen	it (ividst i ic	wide Explanation in Fait 5.)
(41	5) 554 - 6241	film@sfgov.org			Date of Origina	ıl Filing: _	(month, day, year)
. Fu	nction or Event Infor	mation					
Do	es the agency have a tic	ket policy? Yes I	No□F	ace Value of I	Each Ticket/Pa	ass \$	200.00
	Center for A	sian America Media's Fellowshi			, 14 , 2024	,	
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of	agency official?				Omeiars Ivame (L	.431, 1 1131)	
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	Recipients Jse Section A to identify the ager	ncy's department or unit. • I	Jse Section B to i	dentify an individu	ıal. Use Section C	to identify	an outside organization.
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C	Name of Outside O		Number of Ticket(s)/	Describe the	e public purpose	made pursi	uant to the agency's policy
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	ave read and understand FF In the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified t	that the distribut	ion set foi	th above, is in accordance
	—DocuSigned by: MAWIKU Fata	Manijeh Fata		Exec	utive Director		3/28/2024 5
	mangcu (สน Signature of Agency Head or Design		int Name		Title		(month, day, year)
Co	omment:						

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FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

DocuSign Envelope ID: 0C6F4A3D-8BD0-4029-AABB-046CD9D3E41D Agency Report ot: Ceremonial Role Events and Ticket/Pass Distributions

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Area Code/Phone Number (415) 554 - 6241	deo Coalition Ime of Source Sial's Name (Last, First) Use Section C to identify an outside organization. Ic purpose made pursuant to the agency's policy
Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) City Hall, Room 473, San Francisco, CA 9102 Area Code/Phone Number (415) 554 - 6241 Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Event Description: Reel Stories Film Mixer Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Bay Area Vid Naticket distribution made at the behest Yes No If yes: Office Recipients Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit B. Name of Individual (Last, First) Passes Ceremonial R If checking 'Ceremonial R If the checking 'Ceremo	Amendment (Must Provide Explanation in Part 3.) To of Original Filing:
Designated Agency Contact (Name, Title) City Hall, Room 473, San Francisco, CA 9102 Area Code/Phone Number E-mail film@sfgov.org Date Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Event Description: Reel Stories Film Mixer Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No find: Bay Area Vid Naticket distribution made at the behest Yes No find: If no: Bay Area Vid Naticket distribution made at the behest Yes No find: Naticket Section A to identify the agency's department or unit. *Use Section B to identify an individual. *Use Section A to identify the agency's department or Unit	Amendment (Must Provide Explanation in Part 3.) of Original Filing:
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the with the requirements.	ne distribution set forth above, is in accordance
—Docusigned by:	Director 4/8/2024
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