California Form 802

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

1. Agency Na	ame	City Administrator's	Office, City of	San Francisco					
Division, Dept. o	or Region	Grants for the Arts				Area Code/Phone Number	e 628-233-5101		
Designated Agency Contact Name, Title) Kristen Jacobson					Email	kristen.jacobson@sfgov.org			
I have read an	d understand FPF	PC Regulations 18944.1 o	ınd 18942. I have	verified that the o	distribution set forth, is in a	ccordance with the r	equirements.		
Signature of Age Designee	ency Head or	Kars		Print Name	Kristen Jacobson				
Title		Director, Grants for	the Arts		Month, Day, Year	r 27/11/2024			
2. Function o	or Event Inform	ation							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)		
Yes	\$123.00	Carmen	Nov. 19, 2024	No	San Francisco Opera	No			

Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Name of Individual (Last, First) Pass(es) Number of Ticket(s)/ Pass(es)	Identify one of the following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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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.)

	В.			C.					
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