

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
San Francisco Film Commission			
Division, Department, or Region (if applicable)			
Street Address			
City Hall, Room 473			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Laurel Barsotti, Admin Analyst II		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
415-554-6241	film@sfgov.org		

**2. Function, Event, or Ceremonial Role Information**

Title A Night With the Stars Gala Fundraiser Face Value of Each Admission \$ 125.00

Description Gala fundraiser to bring awareness to Performance Art Institute Date(s) 03 / 24 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?


Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Canady, Don	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 \_\_\_\_\_  
 Signature of Agency Head or Designee

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)