

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City & County of San Francisco Division, Department, or Region (if applicable)			
War Memorial and Performing Arts Center Street Address			
401 Van Ness Avenue, Suite 110, SF, CA 94102			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Elizabeth Murray, Managing Director		Date of Original Filing: <u>01/31/19</u> (month, day, year)	
Area Code/Phone Number	E-mail		
(415 554-6306)	elizabeth.murray@sfgov.org		

2. Function, Event, or Ceremonial Role Information

Title See Attachment Face Value of Each Admission \$ See Attachment

Description See Attachment Date(s) / /

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

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

Yes No If yes: See Attachment
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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
See Attachment		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"/>
		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.

 Elizabeth Murray Managing Director 01/31/19
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.)

