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

	n	F- 1	2	n -	-		
A	$r_{\rm L}$	ומו	IC.	ഥവ	Gι	ım	enf

See Attachment    No	•					THE RESERVE THE PARTY NAMED IN COLUMN TWO IS NOT THE OWNER.
Division, Department, or Region (#applicable)  War Memorial and Performing Arts Center  Street Address  401 Van Ness Avenue, Suite 110, SF, CA 94102  Designated Agency Contact (Name, Title)  Elizabeth Murray, Managing Director  Area Code/Phone Number   E-mail   elizabeth. murray@sfgov.org   Date of Original Filing:	City & County of San Fra				Date Stamp	
War Memorial and Performing Arts Center	July a Julianty of Dail III	City & County of San Francisco				
Street Address 401 Van Ness Avenue, Suite 110, SF, CA 94102  Designated Agency Contact (Name, Title)  Elizabeth Murray, Managing Director Area Code/Phone Number (415 554-6306   elizabeth.murray@sfgov.org   Date of Original Filing: 05/31/16  Function, Event, or Ceremonial Role Information  Title See Attachment   Face Value of Each Admission \$ See Att  Description   See Attachment   Date(s)   // Manager of Source  Was the distribution to persons identified below made at the behest of an agency official?  Yes   No   If yes: See Attachment   Official Name (Last, First) and Title  The identity of recipient(s) and the explanation:  Number of Organization (Name, Address, Description)  See Attachment   Number of Official Name (Last, First) and Title   Number of Official Name, Address, Description)  See Attachment   Number of Official Name, Address, Description   Number of No   No   No   No   No   No   No   N	Division, Department, or Region (if appli	7	For Official Use Only			
Amendment (Mass provide explanation in Paul Paul Paul Paul Paul Paul Paul Paul	War Memorial and Perform					
Designated Agency Contact (Name, Title)   Elizabeth Murray, Managing Director   Date of Original Filing:	Street Address				1	
Elizabeth Murray, Managing Director  Area Code/Phone Number (415 554-6306   elizabeth.murray@sfgov.org   Date of Original Filing: O5/31/16   O5	401 Van Ness Avenue, Su	ite 110, 5	SF, CA	94102	į.	
Elizabeth Murray, Managing Director  Area Code/Phone Number (415 554-6306   Email elizabeth. murray@sfgov.org   Email elizabeth. murray@sf	Designated Agency Contact (Name, Title)					rovide evalenation in Part 3 )
Area Code/Phone Number (415 554-6306 elizabeth.murray@sfgov.org   Date of Original Filing:	Elizabeth Murray, Managin	ng Directo	r			
Function, Event, or Ceremonial Role Information    Face Value of Each Admission \$ See Att   Description	Area Code/Phone Number   E-mail				Date of Original Filing: .	
Title See Attachment  Description See Attachment  Date(s)/	(415 554-6306 elizab	eth.murra	y@sfgov	.org		(,
Description See Attachment  Date(s)	Function, Event, or Ceremonial I	Role Informa	ation			
Description See Attachment  Date(s)	Soc Attachment					Son Attach
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)	Title See Attachment			Face V	alue of Each Admiss	sion \$ See Attachi
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 Officials Name (Last, First) and Title  The identity of recipient(s) and the explanation:    Name (Last, First)	See Attachment			D. 1-1-	S 1 1	
Was the distribution to persons identified below made at the behest of an agency official?  Yes	Description			Date(s	) ——/——	
Was the distribution to persons identified below made at the behest of an agency official?  Yes				C.	Λ 4 4 a a la manand	
Yes No if yes: See Attachment Official's Name (Last, First) and Title  The identity of recipient(s) and the explanation:    Name (Last, First)	Ticket(s)/Admission(s) provided by	agency? Yes	S □ No 🛭	If no:	Name of	Source
Yes   No   If yes: See Attachment  Official's Name (Last, First) and Title  The identity of recipient(s) and the explanation:    Name (Last, First)   Official stable income box if the agency official claims admission taxable income. If the agency official performed a ceremonial also provide a description. If the agency official performed a ceremonial also provide a description. If the agency official performed a ceremonial also provide a description. If the agency official performed a ceremonial also provide a description. If the agency official performed a ceremonial also provide a description. If the agency official performed a ceremonial also provide a description. If the agency official claims admission ceremonial roles, performed by an agency official, individual, organization.    Yes						
The identity of recipient(s) and the explanation:    Name	Was the distribution to persons ider	ntified below	made at th	e behest of	an agency official?	
The identity of recipient(s) and the explanation:    Name (Last, First) or Organization (Name, Address, Description)   Number of Admission(s)/ Ticket(s)   No					•	
The identity of recipient(s) and the explanation:    Name	Yes ☐ No ☐ If yes: <u>See</u>	Attachme	nt	F: 41		
Name (Last, First) or Organization (Name, Address, Description)  See Attachment  Number of Admission(s)/ Ticket(s)  Number of Admission(s)/ Ticket(s)  Number of Admission(s)/ Ticket(s)  No □  Yes □ No □ No □  Yes □ No □ No □  Yes □ No □ No □  Yes □ No		Official's	Name (Last,	First) and Title		
(Last, First) or Organization (Name, Address, Description)  See Attachment  Number of Admission(s)/ Ticket(s)  No   Yes  No	The identity of recipient(s) and th	ne explanatio	on:			
Organization (Name, Address, Description)  See Attachment  Yes   No   Inc. No   Yes   Inc. No	Name					
Organization (Name, Address, Description)  Ticket(s)  Yes						erformed a ceremonial role,
(Name, Address, Description)  Yes			Omeial			
See Attachment    No	Organization			a If not inco	me, describe the public purpo	ose, including
Yes   Independent of the provisions.  Yes   Independent of the provisions of the provision of th				ceremonia	I roles, performed by an ager	ose, including acy official, individual, or
No	(Name, Address, Description)		Yes 🗖	ceremonia	I roles, performed by an ager	ncy official, Individual, or
Yes   Index	(Name, Address, Description)			ceremonia	I roles, performed by an ager	ncy official, Individual, or
No	(Name, Address, Description)		No 🗖	ceremonia	I roles, performed by an ager	ncy official, Individual, or Income
Yes	(Name, Address, Description)		No 🗆 Yes 🗖	ceremonia	I roles, performed by an ager	ncy official, Individual, or Income
Yes   No   Inc.    Yes   Inc.   No   Inc.	(Name, Address, Description)		No D Yes D No D	ceremonia	I roles, performed by an ager	Income
Verification have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth about a coordance with the provisions.	(Name, Address, Description)		No D Yes D No D	ceremonia	I roles, performed by an ager	Income
Verification  have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth about the provisions.	(Name, Address, Description)		No	ceremonia	I roles, performed by an ager	Income
/erification have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth at in accordance with the provisions.	(Name, Address, Description)		No	ceremonia	I roles, performed by an ager	Income
have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth abs in accordance with the provisions.	(Name, Address, Description)		No	ceremonia	I roles, performed by an ager	Income
have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth abs in accordance with the provisions.	(Name, Address, Description)		No	ceremonia	I roles, performed by an ager	Income
s in accordance with the provisions.	(Name, Address, Description)  See Attachment		No	ceremonia	I roles, performed by an ager	Income
1 9	(Name, Address, Description)  See Attachment  Verification		No	orgenizati	I roles, performed by an ager on.	Income Income Income Income Income Income Income Income
11 11	(Name, Address, Description)  See Attachment  Verification  have read and understand FPPC Regulation		No	orgenizati	I roles, performed by an ager on.	Income Income Income Income Income Income Income Income
Legele (Cueae) Elizabeth Murray Managing Director 05/31/	(Name, Address, Description)  See Attachment  Verification have read and understand FPPC Regulation		No	orgenizati	I roles, performed by an ager on.	Income Income Income Income Income Income Income Income
Signature of Agency Head or Designee Print Name Title (month, day.	Verification  have read and understand FPPC Regulation in accordance with the provisions.	ons 18944.1 and	No Pes No Pes No Pes No Pes No Pes No Pes	organization organ	at the distribution of admi	Income Income Income Income Income Income Income Income

California Form 802 - Agency Report of Ticket/Admission Distributions							
2. Function, Event or Ceremonial Role Information				Identity of Recipients and the Explanation			
						Distribution at behest of agency official	Income to Official or Public Purpose for Distribution
Date(s) of	Name of Outside Source of Ticket(s)		Face Value	Name of Official Receiving	No. of	AND THE RESERVE AND THE RESERV	Income Public Purpose for
Event	Provided to Agency	Description of Event	of Ticket	Ticket(s)	Tickets	Yes No Behesting official	Yes No Distribution (see below)
5/03/16	San Francisco Ballet	Performance	210.00	Mrs. George R. Moscone	2	X	X c-i below
5/06/16	n.	u.	210.00	Thomas E. Horn	4	X	X c-ibelow
5/06/16	San Francisco Symphony	Concert	149.00	Mrs. George R. Moscone	2	X	X c-ibelow
5/07/16	San Francisco Ballet	Performance	210.00	Paul F. Pelosi	2	X	X c-ibelow
5/09/16	Chamber Music San Francisco	Concert	58.00	Thomas E. Horn	2	X	X c-ibelow
5/19/16	San Francisco Symphony	Concert	118.00	Nancy Bechtle	2	X	X c-i below
5/26/16	n.	10	120.00	Mrs. George R. Moscone	2	X	X c-ibelow
5/28/16		u,	124.00	Jennifer Norris	4	X	X c-ibelow
5/28/16	u.	10	124.00	David Campos	2	X	X h-k below
5/28/16	San Francisco Opera	Performance	270.00	Thomas E. Horn	2	X	X c-i below
5/29/16	w		270.00	Jennifer Norris	4	X	X c-ibelow
5/29/16	San Francisco Symphony	Concert	117.00	Jennifer Norris	4	x	X c-ibelow

War Memorial and Performing Arts Center

## Description of Public Purposes of the War Memorial:

ATTACUMENT

- a. Furthering the charitable public purposes of the War Memorial under the War Memorial Trust Agreement and the San Francisco Charter.
- b. Promotion of events, activities, programs and resources available at the War Memorial facilities.
- c. Monitoring and evaluation of operation, maintenance and services of public facilities available for City resident and visitor use.
- d. Assessing tenant, licensee and customer service needs and satisfaction.
- e. Identifying or evaluating procedural and physical deficiencies in programs and facilities.
- f. Facilitating increased direct contact, input from, and communication with, tenants, licensees, and event representatives.
- g. Facilitating officials' familiarity with, or ability to carry out their services or fiduciary duties with respect to, the management, administration, and/or care of the War Memorial.
- h. Increasing the understanding and appreciation of the offerings and operations of the War Memorial by City officers and employees involved in the governance, funding, advising, management or administration of the War Memorial.
- i. Providing increased exposure to, or gathering public input, on City services, facilities and spaces.
- j. Increasing public familiarity with public resources, programs, and performances, available to City residents and visitors.
- k. Awareness of resources available to City residents, including charitable and nonprofit organization resources.
- Increasing use or appreciation of City-run, sponsored or supported community programs or public programs or performances held in City facilities.
- m. Promotion of cultural, artistic, educational, recreational, and community activities in the City.
- n. 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.
- o. Increasing public exposure to, and appreciation of, the recreational, cultural, and educational facilities and programs available to the public within the City.
- p. Promotion of economic development and employment in the City and surrounding areas.
- q. Supporting local businesses, including charitable organizations.
- r. Increasing City tourism, including conferences, conventions, and special events.
- s. Highlighting community programs within the City, including programs supported by charitable and nonprofit organizations.
- t. 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.
- Participation in exchange programs with foreign officials and representatives.
- v. Furthering any other public purpose that a department or commission is required or authorized by law to pursue.
- w. 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 War Memorial Board of Trustees.
- x. Distribution of a ticket or pass to an official, other than an elected official or member of the legislative or governing body of the agency, for the official's personal use, to support general employee morale, retention, or to award public service.