

**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
SF Recreation and Park Dept., City and County of San Francisco Division, Department, or Region (if applicable)			
501 Stanyan Street			
Street Address			
San Francisco, CA 94117			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Olive Gong, Custodian of Records		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
(415) 831-2701	Olive.Gong@sfgov.org		

2. Function, Event, or Ceremonial Role Information - SEE ATTACHED

Title _____ Face Value of Each Admission \$ _____

Description _____ Date(s) ____/____/____ ____/____/____

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"> 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.
		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. I have verified that the distribution of admissions, set forth above, complies with sections 18944.1 and 18942.



Signature of Agency Head or Designee: Charine E. Petruccione
 Print Name: Charine E. Petruccione
 Title: Acting General Manager
 Date: 9/8/12
(month, day, year)

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

Date

May 24-28, 2012

*Spring***Event**

Strawberry Music Festival

Names of Individuals or Organizations	Number of Tickets	Public Purpose	Cost per ticket
SF Arts Ed	2	see "c" and "e" and "f" below	\$200
SF Recreation and Park	29	see "c" and "e" and "f" below	\$200

a=Ensuring the officials are familiar with public resources available to City Residents

b=Monitoring and maintenance of public facilities available for City resident use

c=Increasing public exposure to, and awareness of, the recreational, cultural, and educational facilities available to the public within the City

d=Raising awareness of resources available to City residents, including charitable and nonprofit organization resources.

e=Gathering public input on City facilities and spaces

f=Support employee morale and reward public service