

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

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|--|----------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| City and County of San Francisco | | | |
| Division, Department, or Region (if applicable) | | | |
| Port of San Francisco | | | |
| Street Address | | | |
| Pier 1, The Embarcadero, San Francisco, CA 94111 | | | |
| Area Code/Phone Number | E-mail | <input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year) | |
| 415-274-0400 | webmaster@sfport.com | | |
| Agency Contact (name and title) | | | |
| Monique Moyer, Executive Director | | | |

2. Event For Which Tickets Were Distributed

Date(s) of Event: 11 / 20 / 09 Description of Event: Two-day cruise-to-nowhere on Oasis of the Seas
 _____ / _____ / _____ Face Value of Ticket: \$ 500.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Royal Caribbean International

Number of Tickets Received: 1 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution |
|--------------------------------|-------------------|--|
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| | | |

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Monique Moyer, Executive Director

Name of Individual or Organization: Peter Dailey, Deputy Director, Maritime Number of Tickets: 1

Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Monique Moyer Monique Moyer Executive Director 10/13/2009
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.)
