

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> San Francisco Entertainment Commission		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1 Dr. Carlton B. Goodlett Pl., City Hall Rm 12, San Francisco, CA 94102			
Area Code/Phone Number 415-554-0804	Email dylan.rice@sfgov.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Dylan Rice, Senior Analyst			

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other SF Hole in the Wall Pizza

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 1827 Irving Street San Francisco CA 94112  
 Address City State Zip Code  
 Restaurant

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

**3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)**

**3.1 (a) Travel Payment**

Location of Travel: \_\_\_\_\_ Dates (month, day, year): \_\_\_\_\_

Rail  Air  Bus  Auto  Other  
 Check Applicable Boxes

Transportation Provider: \_\_\_\_\_ Name of Lodging Facility: \_\_\_\_\_  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

**3.1 (b) Payment(s) not related to travel:** \_\_\_\_\_ \$ 443.00

Dates (month, day, year): 12/3/2019 Total Expenses


**3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.**  
Food donation for Entertainment Commission's holiday party

**3.3. Identify the officials who used the payment in Section 3.1 (See instructions)**

_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

**4. Verification**

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.


 \_\_\_\_\_ Maggie Weiland \_\_\_\_\_ Executive Director \_\_\_\_\_ 3/10/2020  
 Signature Print Name Title (month, day, year)

Comment:  
(Use this space or an attachment for any additional information)

