ayment to Agency R	eport A Public Docu	ment	PAYMENT TO AGENCY REPOR
. Agency Name		Date Stamp	California 201
San Francisco Entertainment Commission		COLA .	Form OU
Division, Department, or Reg	gion (if applicable)		For Official Use Only
Street Address	motional trade parage of the control of	to the control of the section of the	the little to regard and the
1 Dr. Carlton B. Goodlett P	I., City Hall Rm 12, San Francisco, CA 94	1102	
Area Code/Phone Number	Email	Amendment (explain	in comment section)
415-554-0804	dylan.rice@sfgov.org	Amendment (explain	The comment section)
Agency Contact (name and title)	vivitas cominant of vitingal family that	Date of Original Filing:	(month, day, year)
Dylan Rice, Senior Analyst	A3810	To have the remission heaten and	(monin, day, your)
Donor Name and Addre	ess	sa na Umetino ga abiyong 029	in her Metal epodalogist of s
☐ Individual	essende Promises, orbinitari increamina.	Other 111 Minna Gallery	
Last Name	First Name		Name
111 Minna St.	San Francisco	CA	94105
Address	City	State State	Zip Code
Gallery, Event Space, Bar	cotes complete all their use soften		1.000 mm, 20191
if "Other" is marked, describe the entity	's business activity (if business) or its nature and interests.		one or small the early
If applicable, i	dentify the name of each source and the amo	unt(s) received by the donor for	this payment:
	change St. De contra	chip wer tehnimidum ad tahut med	to the most to real back
Name	Amount —	Name	Φ.————————————————————————————————
Payment Information (C	Complete Sections 3.1 (a or b), 3.2,	3.3)	
3.1 (a) Travel Payment	i trayet payrolichmay certs, fravet in a	,	
orr (a) mavorr aymone	Location of Travel		Dates (month, day, year)
		☐ Auto ☐ Other	
Transportation Provider	Check Applicable Boxes	Auto Other	Name of Lodging Facility
eal it is not required to the	Altonoloic a pena bot also ne continenti	dree by seemaltes every or relias	e di ban salah yang di k
Lodging Expenses	Meal Expenses Transportation Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not re	lated to travel: 2/1	1/2020 \$ 6,500.	00
		(month, day, year)	Total Expenses
3.2. Payment Description	. Provide a specific description of the	payment and its agency p	urpose and use.
Donation of facility to h	nold Entertainment Commission's v	workshop and mixer	
and a state of the set as a		Indianate the control of	to be out the term bulball middle
2.2 Identify the officials y	who used the navment in Section 2.1	d në ye graja. Normana shaqs	
5.5. Identity the officials v	who used the payment in Section 3.1 (	See instructions)	
Last Name	Florida	Davids (Title	et nutti mel i ani insurel 4
Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Position/Title	Department/Division
Verification		The state of the s	harbour was
	of the reported neumant/s) as in saverilla	anno with EDDC regulations	
authorized the acceptance	of the reported payment(s) as in complia		and of the second second
	Maggie Weiland	Executive Director	3/10/20
Signature	Print Name	Title	(month, day, year)
Comment:		The Vertical Control	
(Use this space or an attachment f	or any additional information)		EDDC Equa 904 / In 146
			FPPC Form 801 (Jan/18 advice@fppc.ca.gov

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