Payment to Agency F	Report A Pul	blic Document	t	PAYMENT TO AGENCY REPOR
. Agency Name			Date Stamp	California QQ4
San Francisco Entertainment Commission				Form OU
Division, Department, or Re	gion (if applicable)			For Official Use Only
Street Address	en southings on here of the more of		sampe of Sep-	The same of the sa
1 Dr. Carlton B. Goodlett F	l., City Hall Rm 12, San Frar	ncisco, CA 94102	and and administration	to looks a secondaria
Area Code/Phone Number Email		and the second second	Amendment (eyels	nin in comment section)
415-554-0804	dylan.rice@sfgov.org		An inspired	
Agency Contact (name and title)	nadál er elle a talak yezette el te	Ante	Date of Original Filing	(month, day, year)
Dylan Rice, Senior Analyst	У.		Y CANAL THE CONT.	W23300
Donor Name and Addre	ess	All B	engladorum stayo	or hour service Ambiguity of T
☐ Individual			Don Ramon's	
Last Name	First Name	1000	ne a fuotenti of angle a	Name
225 11th St		rancisco	CA	94103
Address	City		State	Zip Code
Restaurant	's business activity (if business) or its na	ture and interests		
ii Ouler is marked, describe the entity	s publicess activity (if dusiness) of its na	nure and interests.		
If applicable,	identify the name of each sourc	e and the amount(s) r	eceived by the donor fo	or this payment:
	n	er wat to a great or age of		\$
Name	Amount	(6.00m) (6.4.1.1	Name	Amount
Payment Information (0	Complete Sections 3.1 (a	or b), 3.2, 3.3)		
3.1 (a) Travel Payment				
	Location of Tr	avel	To 4 will not be seen	Dates (month, day, year)
		□Bus□Aut	o  ☐ Other	na jokan tadi sate eta sate jan
Transportation Provider		oplicable Boxes		Name of Lodging Facility
\$	S	\$	ser nic negrui (n) "noa	\$ 1000 100.00
Lodging Expenses	Meal Expenses Transp	ortation Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not re	lated to travel:	12/3/2019	\$ 1,000	
	and the first seeding	Dates (month,		Total Expenses
3.2. Payment Description	. Provide a specific descri	iption of the paym	ent and its agency	purpose and use.
Food donation for Ente	ertainment Commission'	s holiday party		
				the author typh face and fa
3.3. Identify the officials	who used the payment in S	Section 3.1 (See instru	uctions)	
Last Name	First Name	Pos	ition/Title	Department/Division
Lost Nama	Pinck N.	<u> </u>	Non/Title	Danado UDS. 1
Last Name	First Name	Pos	sition/Title	Department/Division
Verification	*			
I authorized the acceptance	e of the reported payment(s)	as in compliance w	ith FPPC regulations	
m	Maggie Weiland	Exec	utive Director	3/10/20
Signature	Print Name	· · · · · · · · · · · · · · · · · · ·	Title	(month, day, year)
Commont				
Comment:	for any additional information			
(Use this space or an attachment	ioi any additional miormation)			FPPC Form 801 (Jan/18 advice@fppc.ca.go
				auvice@ippc.ca.go

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