ayment to Agency F	Report A Public Docum	ent	PAYMENT TO AGENCY REPORT
Agency Name		Date Stamp	California OO4
San Francisco Entertainme	ent Commission	Λ	Form OUI
Division, Department, or Re	gion (if applicable)		For Official Use Only
Street Address			ence de la companya d
	Pl., City Hall Rm 12, San Francisco, CA 9410	2	it a service are not being more and
Area Code/Phone Number	Email	Amendment (expla	in in comment section)
415-554-0804	dylan.rice@sfgov.org		a Day days.
Agency Contact (name and title)	Joseph zer pred orbythlysis dealastam.	Date of Original Filing	(month, day, year)
Dylan Rice, Senior Analyst	L Visit		2006
Donor Name and Addre	ess The Market Harman Administration of the Company	vila sklatnogg v dlyvate i Ui	Ri ng 4;581 amagagaga (61)
☐ Individual	✓ Otl	Little Skillet	
Last Name	First Name		Name
360 Ritch St	San Francisco	CA	94107
Address	City	State	Zip Code
Restaurant	Complete Miller Complete will be unclosed to		LOGS TOTOL E THEFT
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 fo	r this payment:
	and the state of t	and bardantion and market	and the property of the section
Name	Amount —	Name	Amount
Payment Information ((Complete Sections 3.1 (a or b), 3.2, 3.3)	
3.1 (a) Travel Payment	a al 1800 e - conspain aposalysta proces a	,	
or (a) Haverrayment	Location of Travel		Dates (month, day, year)
		Auto Débor	
Transportation Provider	Rail Air Bus	Auto	Name of Lodging Facility
\$SS_	Meal Expenses Transportation Expenses	\$Other Expenses	\$ Total Expenses
and the literature base of of the	The second of th	1 Maria 1 Mari	2000 Ann 2000 - Marine Control Control
3.1 (b) Payment(s) not re		nth, day, year)	Total Expenses
3.2 Payment Description			
o.z. Tayment bescription	Provide a enecific description of the na	umont and ite agoney r	urnose and use
	. Provide a specific description of the pa		ourpose and use.
Food donation for Ente	 Provide a specific description of the parter ertainment Commission's holiday part 		ourpose and use.
Food donation for Ente			ourpose and use.
	ertainment Commission's holiday part	у	ourpose and use.
		у	ourpose and use.
	ertainment Commission's holiday part	у	ourpose and use.
	ertainment Commission's holiday part	у	Department/Division
3.3. Identify the officials v	ertainment Commission's holiday part	y nstructions)	Iswert In common server and a part of planter In the common server and a part of the common server and a
3.3. Identify the officials v	who used the payment in Section 3.1 (See in First Name	y nstructions) Position/Title	Department/Division
3.3. Identify the officials v	ertainment Commission's holiday part	y nstructions)	Iswert In common server and a part of planter In the common server and a part of the common server and a
3.3. Identify the officials of Last Name Last Name	who used the payment in Section 3.1 (See in First Name	y nstructions) Position/Title	Department/Division
3.3. Identify the officials v	who used the payment in Section 3.1 (See in First Name	y nstructions) Position/Title	Department/Division
A.3. Identify the officials of Last Name Last Name Verification	who used the payment in Section 3.1 (See in First Name	y nstructions) Position/Title Position/Title	Department/Division
A.3. Identify the officials of Last Name Last Name Verification	who used the payment in Section 3.1 (See in First Name First Name First Name of the reported payment(s) as in compliance	y nstructions) Position/Title Position/Title	Department/Division
A.3. Identify the officials of Last Name Last Name Verification	who used the payment in Section 3.1 (See in First Name First Name of the reported payment(s) as in compliance	Position/Title Position/Title with FPPC regulations.	Department/Division
Last Name Last Name Verification authorized the acceptance Signature	who used the payment in Section 3.1 (See in First Name First Name of the reported payment(s) as in compliance Maggie Weiland	Position/Title Position/Title with FPPC regulations.	Department/Division Department/Division
Last Name Last Name Verification authorized the acceptance	who used the payment in Section 3.1 (See in First Name First Name of the reported payment(s) as in compliance Maggie Weiland Print Name	Position/Title Position/Title with FPPC regulations.	Department/Division Department/Division

Clear Page