

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

| | | | |
|---|-------------------------------|---|--|
| 1. Agency Name San Francisco Entertainment Commission | | Date Stamp | California 801 Form 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 Little Skillet

Last Name: _____ First Name: _____ Name: _____
 360 Ritch St San Francisco CA 94107
 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): _____

Transportation Provider: _____ Rail Air Bus Auto Other

Check Applicable Boxes Name of Lodging Facility: _____

\$ _____ Lodging Expenses \$ _____ Meal Expenses \$ _____ Transportation Expenses \$ _____ Other Expenses \$ _____ Total Expenses

3.1 (b) Payment(s) not related to travel:

12/3/2019 \$ 735.64

Dates (month, day, year) 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)

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