

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> San Francisco Entertainment Commission		Date Stamp	<b>California 801</b> 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 Pa'ina Restaurant & Lounge

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 1865 Post St San Francisco CA 94115  
 Address City State Zip Code

Restaurant and bar

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  
 Transportation Provider \_\_\_\_\_ 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: \_\_\_\_\_ \$ 500.00

\_\_\_\_\_ 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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