

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name San Francisco Entertainment Commission		Date Stamp	California Form 801 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)	
Agency Contact (name and title) Dylan Rice, Senior Analyst		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Billy Cole Photography

_____ Last Name First Name Name
1940 William Way Concord CA 94520
Address City State Zip Code

Photography services

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:

12/3/2019 \$ 300.00
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.


Donation of photography services 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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