Payment to Agency	Report A Public	c Document	*	PAYMENT TO AGENCY REPORT
. Agency Name		3	Date Stamp	California OOA
San Francisco Entertainment Commission				Form OUI
Division, Department, or	Region (if applicable)		W	For Official Use Only
Street Address	di nan arabba ta mana 100 sama materi		yd a wie e o 'n mynd ma	dy a freeze or blue charge of
1 Dr. Carlton B. Goodlet	t Pl., City Hall Rm 12, San Francisc	co, CA 94102	100 miles 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a a series are and become a
Area Code/Phone Numbe		v mans amer	□ A	and Anildren and confloring to
415-554-0804 dylan.rice@sfgov.org  Agency Contact (name and title)			Amendment (explain in comment section)	
		9/20,7/10	Date of Original Filing:	(month, day, year)
Dylan Rice, Senior Anal	yst	e haif af tha		(month, day, year)
Donor Name and Add	dress	ship terbs	950.1 proyide a pracedus	RPPC Regulations and 18
☐ Individual	an exercial meroys pur was non-mine	Ø Other	Billy Cole Photograp	hy same and molton
Last Name	First Name	Instity	so a paologia or are see	Name
1940 William Way	Concord	enelolane	CA State	94520
Photography services	City		State	Zip Code
• • • • • • • • • • • • • • • • • • • •	ntity's business activity (if business) or its nature a	and interests		
ii Other is marked, describe the e	mily's business activity (ii business) or its nature a	and interests.		
If applicab	e, identify the name of each source an	id the amount(s) re	eceived by the donor for	this payment:
	Section 3.7. De erlor on			•
Name	Amount	160,000	Name	Amount
Transportation Provid	\$\$	\$_	argine vl. ar a rö) Enoch	Name of Lodging Facility
Lodging Expenses Meal Expenses Transportation 3.1 (b) Payment(s) not related to travel:		12/3/2019	Other Expenses \$ 300.00	
2.2. Doument Decement	on Duovido o quesifio descriptio	Dates (month, d		Total Expenses
	on. Provide a specific description			urpose and use.
Donation of photogra	aphy services for Entertainme	ent Commission	on's holiday party	
	ramma three grades and more to mean in the			
3.3. Identify the official	s who used the payment in Sect	ion 3.1 (See instruc	ctions)	
				of gorganiche els previol. •
Last Name	Last Name First Name		ion/Title	Department/Division
Last Name	First Name	. Posi	tion/Title	Department/Division
		go may, batal orbitor attenuati		na many meye letal eta yanar
/erification				official a series
	ace of the reported narmont(s) as in	n compliance wit	h EDDC regulations	
authorized the acceptar	uthorized the acceptance of the reported payment(s) as in compliance w		THE PART OF THE PA	21 10 -
Signature	Maggie Weiland Print Name	Exect	utive Director	
Signature	rint name		Tiue	(month, day, year)
Comment:		3		
	ent for any additional information)		- 1102 625000-0	EDDC Form 204 / Jon //

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