

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 Don Ramon's

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Name \_\_\_\_\_

225 11th St San Francisco CA 94103

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
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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 \$ 1,000.00

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.

 \_\_\_\_\_ Signature

Maggie Weiland \_\_\_\_\_ Print Name

Executive Director \_\_\_\_\_ Title

3/10/2020 \_\_\_\_\_ (month, day, year)

Comment:

(Use this space or an attachment for any additional information)

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