Payment to Agency F	Report A Public	Document		PAYMENT TO AGENCY REPOR
. Agency Name			Date Stamp	California O 🗸
San Francisco Entertainment Commission				Form OU
Division, Department, or Region (if applicable)				For Official Use Only
Street Address	The state of the s		yd baylaan ym myed by	na tom čeovel mengéri e super
1 Dr. Carlton B. Goodlett F	PI., City Hall Rm 12, San Francisco	o, CA 94102		more and its self-reparation to to
Area Code/Phone Number	Email	VERNE STATE		zanski pod zbelovni si postanica si
415-554-0804	dylan.rice@sfgov.org		Amendment (explain in comment section)	
Agency Contact (name and title)	80,000,000,000	Date of Original Fi	(month, day, year)
Dylan Rice, Senior Analys	t .		Ing betgeep accepted	(month, day, year)
Donor Name and Addr	ess	- periode	browide a moleculur	Office has baker mortaling in the
☐ Individual		☑ Other	SF Hole in the V	Vall Pizza
Last Name	First Name	10/100	Construction of the constr	Name
1827 Irving Street	San Franci	sco	CA	
Address	City		State	e Zip Code
Restaurant	deser Complete all fields, use appropries			2 John Indiazzener
ir Other is marked, describe the entit	y's business activity (if business) or its nature an	a interests.		
If applicable,	identify the name of each source and	the amount(s) re	eceived by the dono	r for this payment:
	Operation of the second	s side as	backshilam od taum	encol and the annual to see the
Name	Amount	· · · · · · · · · · · · · · · · · · ·	Name	Amount
Transportation Provider	Check Applicabl	e Boxes		Name of Lodging Facility
Lodging Expenses	サ サ Transportation	Expenses \$-	Other Expenses	Total Expenses
3.1 (b) Payment(s) not re	elated to travel:	12/3/2019	\$ <u>44</u>	
		Dates (month, o		Total Expenses
3.2. Payment Description	Provide a specific description	n of the payme	ent and its agend	y purpose and use.
Food donation for Ent	ertainment Commission's ho	liday party		
	ortwo as and encoderational most to the control of			
American and of the second	vedfodim mens the desembly reti-			
3.3. Identify the officials	who used the payment in Section	on 3.1 (See instru	ctions)	
Last Name	First Name	Posi	tion/Title	Department/Division
				material of reading althour for statem
Last Name	First Name	First Name Pos		Department/Division
		Vanteenieuri	entremation contre	ore, care local agency must post in
/erification				All of the Assessment to the last of the l
	e of the reported payment(s) as in	compliance wi	th EDDC regulation	ne
authorized the acceptance		53		no.
Signature	Maggie Weiland Print Name	Exect	utive Director	3/10/20L
Signature	riint ivame	vi - 1	Tiue	(month, day, year)
Comment:			to proper little	the same of the way for the last
(Use this space or an attachment	for any additional information)		9 *	EBBC Form 801 / Jan/1

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