Payment to Agency R	eport	A Public	Document		P	AYMENT TO AGENCY REPO
. Agency Name				Date Stam	р	California 801
San Francisco Entertainment Commission						Form OU
Division, Department, or Reg	Jion (if applicable)					For Official Use Only
Street Address	- Albani			yd Cavicos i dosin	yga se a	
1 Dr. Carlton B. Goodlett Pl	I., City Hall Rm 12,	San Francisco	, CA 94102			
Area Code/Phone Number	hone Number Email			☐ Amondmont	(ovolajo jo	comment section)
415-554-0804	dylan.rice@sfgov.org			Amendment (explain in comment section)		
Agency Contact (name and title)				Date of Original Filing:(month, day, year)		
Dylan Rice, Senior Analyst	82	e varion	any to more	THE CONTRACT CONTRACT	or er 1594 ,	7 30 5 7 1
. Donor Name and Addre	ss	manageot ad H	43636 70416	nubayong a ubivete	Locest	PC formulapoint 18944 and
☐ Individual	Individual			Teeth SF		
Last Name	Last Name First Name			Name		
Address	at along a statement is	San Francis	SCO		tate	94110 Zip Code
Bar and restaurant		Section 3.1.8. 8		an to the network	lato	Zip Gode
If "Other" is marked, describe the entity'	s business activity (if busin	ess) or its nature and	I interests.			olif or stands have once
	of in the common set of ou	sanceb lima Cleff				
If applicable, i	dentify the name of e	ach source and t	the amount(s) re	eceived by the do	nor for th	is payment:
Name	\$	Amount	10000170	Demonstration	a gried at	\$
and the same of the same	is officer a control on			Name		Amount
. Payment Information (C	omplete Section	ns 3.1 (a or b	), 3.2, 3.3)			
3.1 (a) Travel Payment	The same of the same	Location of Travel		_	Dat	es (month, day, year)
		obl. E.E nothers		agge for exemple to be	Da	es (month, day, year)
Transportation Provider		☐ Air ☐ ☐ Check Applicable	Bus Auto	Other _	Nar	ne of Lodging Facility
fool. It is not required to the the		Check Applicable	DOXES			the preserve mistions to
\$S	Meal Expenses	\$ Transportation	Expenses \$_	Other Expenses		Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:		12/3/2019	\$ 5	00.00	
			Dates (month, d	ay, year)		Total Expenses
3.2. Payment Description.	. Provide a specif	ic description	of the payme	ent and its ager	ncy pur	oose and use.
Food donation for Ente	rtainment Com	mission's hol	liday party			four
			bulaya			tree officials with 05 and
3.3. Identify the officials w	vho used the payr	nent in Sectio	n 3.1 (See instruc	ctions)		
Last Name First Name		e	Position/Title		Trans.	Department/Division
Last Name	First Name		1 100	tion/Title	night.	Department/District
Lवज्य । <u>श्वास</u>	First Name		Posi	Position/Title		Department/Division
			April 20 mily of	new edeazola: 10		<u>nur ten di suma a cidad</u>
Verification						
I authorized the acceptance	377	3 10 15 15 1		_	ions.	to all the street of the
	Maggie Weiland			utive Director		3/16/2
Signature	100 mary 200	Print Name	.00,	Title	HI H	(month, day, year)
Comment:						
(Use this space or an attachment for	or any additional informa	ation)				EDDC Form 004 / Ic/-
	8					FPPC Form 801 (Jan/1 advice@fppc.ca.go

Clear Page