

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 111 Minna Gallery

_____ Last Name _____ First Name _____ Name _____

111 Minna St. San Francisco CA 94105

Address City State Zip Code

Gallery, Event Space, Bar

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 _____ \$ _____

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: _____ \$ 6,500.00

2/11/2020 _____

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 facility to hold Entertainment Commission's workshop and mixer

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)