Gift to Agency Report	A Public Docum	ent	GIFT TO AGENCY REPORT
1. Agency Name		Date Stamp	California Q 0 4
San Francisco Film Comm	ission	20	Form OUI
Division, Department, or Reg	ion (if applicable)	PLLEDOY	For Official Use Only
Street Address		128 16 VOL	The state of the s
City Hall, Room 473, San F	rancisco, CA 94102	My My	4
Area Code/Phone Number	E-mail	Amendment (explain	in comment section)
415-554-6241	portia.fontes@sfgov.org		•
Agency Contact (name and title	ý.	Date of Original Filing:	(month, day, year)
Portia Fontes			4
2. Donor Name and Addre		7,	
☐ Individual	\times Ot	her 620 Jones	
Last Name 620 Jones Street	First Name San Francisco	CA	Name 94102
Address	City	State	Zip Code
Restaurant			
an bearance recover reported	s business activity (if business) or its nature and interests.		
If applicable, identify the name	of each source and the amount(s) solicited or re-	ceived by the donor for this o	nift [.]
in applicable, identity the name	or oadir boarde and the amount(e) bondied or re-	solved by the deficition the t	,,,,,
Name	\$Amount	Name	\$Amount
	Amount	Ivallie	Amount
3. Payment Information	0/04/0040	000.00	
Date and Amount of Paym	ent (other than travel) 9/21/2016 \$	(Round to whole dollars)	
		A Commission of the Commission	
Travel Payment Informatio	n (Round to whole dollars) Location of Travel		,
• •	Ф.	ф.	¢
25. 5	Insportation Expenses S S Mea		
Provide a specific descr	iption of the nature and use of the pa	yment for official age	ncy business:
Donated rental of location for	or Film Mixer.		
Identify the officials for	whom the payment was used:		
identity the officials for	whom the payment was used.		
Last Name	First Name	Title	Department/Division
Last Name	First Name	Title	Department/Division
I. Verification	8.00		
I have determined that it is in the	e interests of the agency to accept this gift and u	se it for the official agency b	usiness described above.
	Susannah Greason-Robbins	xecutive Director	10/18/2016
Signature of Agency Head or Designation		Title	(month, day, year)
Comment: (Use this space or an	attachment for any additional information.)	2	

This form is for use by all state and local government agencies to disclose payments made to the agency when the payments provide a personal benefit to an official of the agency. Examples may include travel, meals or other benefits. Under certain circumstances, these payments will not result in a gift to the official, but will be considered a gift to the agency. The payments must be used for official agency business and must meet other requirements that are set out in FPPC Regulation 18944.2, which is available on the FPPC website www.fppc.ca.gov.

When to File

This form must be filed within 30 days of the use of the payment. Reports may be faxed, mailed, personally delivered or e-mailed.

Where to File

State Agencies: File this form with the Fair Political Practices Commission ("FPPC"), 428 J Street, Suite 620, Sacramento, CA 95814. Fax: 916-322-0886 E-mail: Form 801@fppc.ca.gov

Local Agencies: File this form with the official that maintains the agency's statements of economic interests (Form 700).

Website Posting: Each agency that maintains a website must also post the form or the information contained on the form on its website within 30 days of the use of the payment. Local agencies that do not maintain a website must forward the form to the FPPC for posting on its website.

Part 1. Agency Identification

List the agency's name and address and the name of an agency contact. Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

Part 2. Donor Information

Disclose the name and address of the donor. If the donor is not an individual, identify the business activity or nature and interests of the entity.

If the donor received payments from other sources that were used in connection with the activity, disclose the name and payment information for each source.

Part 3. Payment Information

Report the date and amount of each payment. For travel payments, also disclose the location(s), and a breakdown of the expenses. Provide a specific description of the use of the payment and the intended purpose. List each agency official for whom the payment was used.

Example: A business entity paid for an agency employee to travel to attend an informational seminar on solar energy projects in Washington D.C. The description should read: "Travel to attend an EPA cosponsored solar energy seminar held in Washington, D.C."

Part 4. Verification

The agency head or his or her designee must sign the form.

General Information

Gifts to agencies must meet the following requirements:

- The agency head or designee must determine and control the agency's use of the payment.
- The payment must be used for official agency business.
- The donor may identify a purpose for the gift but may not designate by name, title, class or otherwise, an official who may use the payment.
- The agency official who determines who will use the payment may not select himself or herself.

Travel payments must also meet these requirements:

- A payment for travel may not be used by a state or local elected officer or by the state, county, and city officials who hold positions listed in Government Code Section 87200.
- A payment for travel may not exceed the agency's own reimbursement rates for travel, or the State per diem or IRS reimbursement rates if the agency has no policy.
- The agency head or designee must preapprove travel paid for by a third party before travel commences.

Travel payments made by a federal government agency in connection with education, training, or other interagency programs are not reportable.

For further information on filing this report or for general information, contact the FPPC.

DONOR DISCLOSURE/GIFT ACKNOWLEDGEMENT FORM

Contract with City Grant from the City Lease of Space to or from the City City License, Permit or Other Entitlement for Use Permit or Other Entitlement for Use Contract City government. Please check the appropriate box or boxes below that describe your financial interest(s) in the City. (Please describe): (Please describe): (Please describe): (Please describe): (Please describe): (Please describe):	Contact Information: Various Name: ANNIE CHIHAY Address: 620 TONES Telephone: 415-496-6858 The above contact information is: 5tract The above contact in	Thank you again for contributing to San Francisco Film Commission Donor: TONES	Thank you for your generous contribution to [San Francisco Film Commission]. In order to help the Film Commission comply with San Francisco's Sunshine Ordinance,* we ask that you please complete this form and return it as soon as possible to: Susannah.Robbins@sfgov.org Attention: Donor Disclosure.
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