| Gill to Agency Kepo | A Public De | ocument | | GIFT TO AGENCY REPORT |
|---|--|-----------------|--|----------------------------|
| 1. Agency Name | | | Date Stamp | California O 1 |
| San Francisco Film Commission | | | | Form OUI |
| Division, Department, or Region (if applicable) | | | | For Official Use Only |
| | | | | |
| Street Address | | | | |
| | Place, Room 473, San Francisco, CA | 94102 | | |
| Area Code/Phone Number | | | Amendment (explain in comment section) | |
| 415-554-6241 | janet.austin@sfgov.org | | Date of Original Filing: | |
| Agency Contact (name and title) | | | (month, day, year) | |
| Janet Austin, Filming Co | | | | |
| 2. Donor Name and Add | ress | | | |
| ☐ Individual | Individual XI Othe | | Eventbrite | |
| Last Name | First Name | | 0.0 | Name 04407 |
| 651 Brannan Street, Ste | e 110 San Francisco City | | CA State | 94107 Zip Code |
| | | | | 2.19 0000 |
| Event organization | ntity's business activity (if business) or its nature and int | araete | | |
| | | | | |
| If applicable, identify the nar | me of each source and the amount(s) solici | ited or receive | ed by the donor for this i | gift: |
| | \$ | | | S |
| Name | Amount | | Name | Amount |
| The donation was used t | \$_\text{Transportation Expenses} \text{\$_\text{Lodging Expenses}} \$\text{Solution of the nature and use of the fund the event for the Film Collective or whom the payment was used: | \$ | nent for official age | |
| | | | | |
| N/A Last Name | First Name | | Title | Department/Division |
| | | | | |
| Last Name | First Name | | Title | Department/Division |
| 4. Verification | | | | KIZ AZORI MENTELIKE |
| I have determined that it is in | n the interests of the agency to accept this | gift and use i | t for the official agency l | ousiness described above. |
| Signature of Agency Head or De | Signee Sisand 67235 | <u> </u> | Title | [2] (9] (month, day, year) |
| Comment: (Use this space of | or an attachment for any additional information.) | | | |