

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp	California 801 Form For Official Use Only
Office of Economic and Workforce Development			
Division, Department, or Region (if applicable)			
Street Address			
City Hall, Room 448, San Francisco, CA 94102			
Area Code/Phone Number	Email		
415.554.6969	moewd@sfgov.org		
Agency Contact (name and title)			
Dylan Smith, Special Assistant to the Director			

2. Donor Name and Address

Individual _____ Other _____ SFCED _____

_____ Name _____

235 Montgomery St. San Francisco CA 94104

_____ City _____ State _____ Zip Code _____

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 _____ \$ _____ 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 _____

Shanghai, Beijing and Hong Kong Oct 7-14, 2017

Air China, United and CTS _____ Rail Air Bus Auto Other _____

Transportation Provider _____ Check Applicable Boxes _____

\$ 1,706.00 \$ 340.00 \$ 2,300.00 \$ 531.00 \$ 4,877.00

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: _____

_____ Dates (month, day, year) \$ _____ Total Expenses _____

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.


Travel payments to join a trade mission to China, promoting San Francisco as an economic development and investment hub.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Rufo	_____	Director	OEWD	_____
Last Name	First Name	Position/Title	Department/Division	
Todd	_____	Director	_____	_____
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.

 _____

Merrick Pascual Chief Financial Officer 11/07/17

_____ Signature _____ Title _____ (month, day, year)

Comment:

(Use this space or an attachment for any additional information)

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