

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
Office of Economic and Workforce Development
Division, Department, or Region (if applicable)
Street Address
1 Dr. Carlton B Goodlett Pl, Room 448, San Francisco CA 94102
Area Code/Phone Number
415.554.6969
Email
moewd@sfgov.org
Agency Contact (name and title)
Dylan Smith, Special Assistant to the Director
Date Stamp
California Form 801
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual or Other (checked)
NCCRC
Last Name First Name Name
265 Hegenberger Rd Ste 200 Oakland CA 94621
Address City State Zip Code

Northern California Carpenters

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
Las Vegas, NV
Location of Travel
11/15/18 - 11/16/18
Dates (month, day, year)
Southwest Airlines
Transportation Provider
Rail Air Bus Auto Other
Check Applicable Boxes
Hilton Doubletree
Name of Lodging Facility
\$268.94 \$254.44 \$465.92 \$989.30
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.

Carpenters International Training Center Tour

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

Torres Joaquín Director OEWD
Last Name First Name Position/Title Department/Division
Arce Joshua Director of Workforce Dev OEWD
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
Signature Print Name Title (month, day, year)

Comment:

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