

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) <u>Supervisor Eric Mar</u>		Date Stamp FILED 2010 MAR 22 PM 4:26	California Form 803 For Official Use Only
Agency Name <u>Board of Supervisors</u>		SAN FRANCISCO ETHICS COMMISSION	
Agency Street Address <u>1 Dr. Carlton B. Goodlett Place</u>			
Designated Contact Person (Name and title, if different) <u>Cassandra Costello, Legislative Aide</u>		BY _____	<input type="checkbox"/> Amendment (See Part 5)
Area Code/Phone Number <u>415-554-7412</u>	E-mail (Optional) <u>cassandra.costello@sfgov.org</u>	Date of Original Filing: _____ (month, day, year)	

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

AT and T

Name

525 Market St. 19th Floor SF CA 94105

Address City State Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

Richmond Area Multi Services

Name

3626 Balboa Street San Francisco CA 94121

Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 05-08-09 Amount of Payment: (In-Kind FMV) \$ 20,000
(month, day, year) (Round to whole dollars.)

Payment Type: Monetary Donation or In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: _____

Purpose: (Check one and provide description below.) Legislative Governmental Charitable

Describe the legislative, governmental, charitable purpose, or event: Donation was made to support mental health services for those with mental health conditions/disabilities w/a focus on vocational rehab/training

5. Amendment Description or Comments

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 3-22-10 By _____
DATE