

# ORIGINAL

## Behested Payment Report

## A Public Document

Behested Payment Report

### 1. Elected Officer or CPUC Member (Last name, First name)

SEAN R. ELSBERND

Agency Name

CITY AND COUNTY OF SAN FRANCISCO BOARD OF SUPERVISORS

Agency Street Address

1 DR. CARLTON B. GOODLETT PLACE, ROOM 244

Designated Contact Person (Name and title, if different)

Area Code/Phone Number

(415) 732.7700

E-mail (Optional)

Date Stamp

2010 MAY 13 PM 2: 25

SAN FRANCISCO ETHICS COMMISSION

BY

PM 5/12/10 JS

# California Form 803

For Official Use Only

Amendment (See Part 5)

Date of Original Filing: 03/09/2010

(month, day, year)

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

ANSHEN & ALLEN

Name

901 MARKET STREET

Address

SAN FRANCISCO

City

CA

State

94103

Zip Code

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

LAGUNA HONDA VOLUNTEERS, INC

Name

90 MONTGOMERY, 11TH FLOOR

Address

SAN FRANCISCO

City

CA

State

94105

Zip Code

### 4. Payment Information (Complete all information.)

Date of Payment: 04/02/10  
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 25,000

(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: LAGUNA HONDA GALA

### 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

5/11/10

DATE

By

SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER