

ORIGINAL

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Dufty, Bevan		Date Stamp 2010 SEP 20 PM	California Form 803 For Official Use Only
Agency Name City and County of San Francisco, Board of Supervisors		SAN FRANCISCO ETHICS COMMISSION	
Agency Street Address 1 Dr. Carlton B. Goodlett Pl.		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ <small>(month, day, year)</small>	
Designated Contact Person (Name and title, if different)			
Area Code/Phone Number 415-554-6968	E-mail (Optional) bevan.dufty@sfgov.org		

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

Wells Fargo Foundation

Name

Address: [Redacted] San Francisco CA 94104

City State Zip Code

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

Loco Bloco

Name

Address: [Redacted] San Francisco CA 94110

City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 09/14/2010 Amount of Payment: (In-Kind FMV) \$ 5,000
(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: Wells Fargo Foundation Grant

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 9/14/2010 DATE By [Redacted]