

Behested Payment Report

A Public Document

FILED

Behested Payment Report

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

Lee, Edwin M.

Agency Name

Office of the Mayor

Agency Street Address

City Hall, Room 200, 1 Dr. Carlton B. Goodlett Place, S.F., CA 94102

Designated Contact Person (Name and title, if different)

Hydra Mendoza

Area Code/Phone Number

(415) 554-6298

E-mail (Optional)

hydra.mendoza@sfgov.org

Date Stamp: 12 SEP 26 PM 2:00

SAN FRANCISCO ETHICS COMMISSION

California Form 803

For Official Use Only

Amendment (See Part 5)

Date of Original Filing: (month, day, year)

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

Amersco (B. N. Tripathi, Vice President)

Name

[Redacted]

Houston

TX

77042

Address

City

State

Zip Code

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

The Glow Foundation (Peter Kim, Executive Director)

Name

[Redacted]

San Francisco

CA

94103

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 9/4/12 (month, day, year)

Amount of Payment: (In-Kind FMV) \$ 5,000 (Round to whole dollars.)

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

Brief Description of In-Kind Payment: Check

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

Describe the legislative, governmental, charitable purpose, or event: Supports the Mayor's "I Am The Future Scholarship Program" - educational scholarships for low-income youth throughout the City.

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 9/26/12 DATE

By [Redacted] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER