

Behested Payment Report

A Public Document

FILED

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Lee, Edwin M.		Date Stamp 12 SEP 26 PM 2:1	California Form 803 For Official Use Only
Agency Name Office of the Mayor		SAN FRANCISCO ETHICS COMMISSION	
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		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number (415) 554-6298	E-mail (Optional) hydra.mendoza@sfgov.org	Date of Original Filing: _____ (month, day, year)	

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

Pacific Gas and Electric Company (Jennifer Stuart)

Name \_\_\_\_\_

Address \_\_\_\_\_ San Francisco CA 94103  
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 \_\_\_\_\_

Address \_\_\_\_\_ San Francisco CA 94103  
City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 9/13/12 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: Check

Purpose: (Check one and provide description below.)  Legislative  Governmental  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 By \_\_\_\_\_  
DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER