

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		<p>FILED</p> <p>Date Stamp 12 OCT 24 PM 2:01</p> <p>SAN FRANCISCO ETHICS COMMISSION</p> <p>BY _____</p>	<p>California Form 803</p> <p>For Official Use Only</p>
Chiu, David			
Agency Name			
San Francisco Board of Supervisors			
Agency Street Address			
1 Dr. Carlton Goodlett Place, Room 264			
Designated Contact Person (Name and title, if different)		<input type="checkbox"/> Amendment (See Part 5)	
Same as above		Date of Original Filing: _____	
Area Code/Phone Number	E-mail (Optional)	(month, day, year)	
(415) 554-7450	david.chiu@sfgov.org		

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

Salesforce.com Foundation

Name

Address: [Redacted] San Francisco CA 94105

City State Zip Code

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

San Francisco Parks Alliance, as fiscal agent for Friends of the Waterfront Playground project

Name

Address: [Redacted] San Francisco CA 94102

City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 10/4/12 Amount of Payment: (In-Kind FMV) \$ 100,000

(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: To build a children's playground

at Sue Bierman Park

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 October 21, 2012 By [Redacted Signature]

DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER