

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Supervisor Mark Farrell		Date Stamp 2012 NOV 16 PM 4:2	California 803 Form For Official Use Only
Agency Name San Francisco Board of Supervisors		SAN FRANCISCO ETHICS COMMISSION	
Agency Street Address One Dr. Carlton B. Goodlett Pl., Rm. 244, San Francisco, CA 94102			
Designated Contact Person (Name and title, if different)		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: 11/16/12 <small>(month, day, year)</small>	
Area Code/Phone Number 415/554-7752	E-mail (Optional)		

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

See attached

Name _____

Address _____ City _____ State _____ Zip Code _____

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

San Francisco Parks Alliance

Name _____

Address _____ City San Francisco State CA Zip Code 94102

4. Payment Information (Complete all information.) See attached

Date of Payment: _____ Amount of Payment: (In-Kind FMV) \$ _____
(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: 10/05/12 Fundraising event for
 Neighborhood Schoolyards Project of the San Francisco Parks Alliance.

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 11/15/12 DATE By _____ SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

