

Behested Payment Report

A Public Document FILED

Behested Payment Report

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

Carmen Chu
Agency Name

City and County of San Francisco; Board of Supervisors
Agency Street Address

1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102

Designated Contact Person (Name and title, if different)

Carmen Chu

Area Code/Phone Number

415-554-7460

E-mail (Optional)

carmen.chu@sfgov.org

Date Stamp

2013 MAR -5 PM 2:52

California Form 803

For Official Use Only

SAN FRANCISCO ETHICS COMMISSION

Amendment (See Part 5)

Date of Original Filing:

02/27/13

(month, day, year)

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

San Francisco Association of Realtors

Name

[Redacted]

San Francisco

CA

94102

Address

City

State

Zip Code

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

San Francisco Parks Alliance

Name

[Redacted]

San Francisco

CA

94117-0160

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 02/15/13
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 10,000
(Round to whole dollars.)

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

Brief Description of In-Kind Payment: n/a

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

Describe the legislative, governmental, charitable purpose, or event: Donation supports rebuilding a local playground at Larsen 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 02/27/13
DATE

By [Redacted Signature]
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

RECEIVED BOARD OF SUPERVISORS SAN FRANCISCO

2013 MAR -5 PM 12:37