

Behested Payment Report

A Public Document

Behested Payment Report

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

Cohen, Malla

Agency Name

San Francisco Board of Supervisors

Agency Street Address

City Hall; 1 Dr. Carlton B. Goodlett Place, Room 244; SF CA 94102

Designated Contact Person (Name and title, if different)

(same)

Area Code/Phone Number

415-554-7670

E-mail (Optional)

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California Form 803

For Official Use Only

ETHICS COMMISSION

Amendment (See Part 5)

Date of Original Filing: 4/1/13 (month, day, year)

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

Keith Jackson, Keith Jackson Consulting

Name

[Redacted]

San Francisco

CA

94109

Address

City

State

Zip Code

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

Old Skool Cafe

Name

[Redacted]

San Francisco

CA

94124

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 4/4/13 (month, day, year)

Amount of Payment: (In-Kind FMV) \$ 1,000.00 (Round to whole dollars.)

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

Brief Description of In-Kind Payment: Support for Old Skool Cafe

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

Describe the legislative, governmental, charitable purpose, or event: Fundraiser in support of Old Skool Cafe

5. Amendment Description or Comments

Additional Payor information for a contribution received after the original Form 803 filing date (4/1/13).

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 4/9/13 DATE

By [Redacted] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER