

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Lee, Edwin M.		Date Stamp 2013 AUG 13 PM 1:15 SAN FRANCISCO ETHICS COMMISSION	California Form 803 For Official Use Only
Agency Name Office of the Mayor		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ <small>(month, day, year)</small>	
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) Olga A. Ryerson			
Area Code/Phone Number (415) 554-6910	E-mail (Optional) olga.ryerson@sfgov.org		

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

Golden State Warriors
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.)

City & County of San Francisco, Department of the Environment
Name

Address: [Redacted] San Francisco CA 94102
City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 4/22/2013 (month, day, year) Amount of Payment: (In-Kind FMV) \$ \$1,000 (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: Used to fund Earth Day Breakfast and future EcoCenter programming.

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 August 12, 2013 DATE By [Redacted Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER