

Behested Payment Report

A Public Document

Behested Payment Report

California Form 803 For Official Use Only

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

Area Code/Phone Number
 (415) 554-7450

E-mail (Optional)
 david.chiu@sfgov.org

Date Stamp
 FILED
 13 JUL 23 PM 1:19
 SAN FRANCISCO ETHICS COMMISSION

Amendment (See Part 5)

BY _____

Date of Original Filing: _____
 (month, day, year)

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

Zynga.org

_____ San Francisco CA 94103
 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

_____ San Francisco CA 94102
 City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 7/16/2013 Amount of Payment: (In-Kind FMV) \$ 250,000
 (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 July 22, 2013 By _____
 DATE