

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member <i>(Last name, First name)</i>		Date Stamp FILED 2013 SEP 10 AM 11:03 SAN FRANCISCO ETHICS COMMISSION	California Form 803 For Official Use Only
Lee, Edwin M.			
Agency Name Office of the Mayor			
Agency Street Address City Hall, Room 200, 1 Dr. Carlton B. Goodlett Place, S.F., CA 94102			
Designated Contact Person <i>(Name and title, if different)</i>		<input type="checkbox"/> Amendment <i>(See Part 5)</i>	
Olga A. Ryerson		Date of Original Filing: _____ <i>(month, day, year)</i>	
Area Code/Phone Number (415) 554-6910	E-mail <i>(Optional)</i> olga.ryerson@sfgov.org		

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

Oracle Team USA

Name

Address	San Francisco	CA	94124
	City	State	Zip Code

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

Mission Neighborhood Centers, Inc. (MNC)

Name

Address	San Francisco	CA	94110
	City	State	Zip Code

4. Payment Information *(Complete all information.)*

Date of Payment: 09/06/2013 *(month, day, year)* Amount of Payment: *(In-Kind FMV)* \$ 75,000 *(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: Non-profit organization benefitting at-risk youths.

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 September 9, 2013
DATE

By 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER