

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)
Wiener, Scott
 Agency Name
Board of Supervisors, District 8
 Agency Street Address
1 Dr. Carlton B. Goodlett Place, Room 274
 Designated Contact Person (Name and title, if different)

Area Code/Phone Number
(415) 554-6968

E-mail (Optional)
scott.wiener@sfgov.org

Date Stamp
 FILED
 13 OCT -4 PM 12:40
 SAN FRANCISCO
 ETHICS COMMISSION

California Form 803
 For Official Use Only

Amendment (See Part 5)

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

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
Hospital Council of Northern & Central California
 Name

Address
 City: Sacramento State: CA Zip Code: 95814

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
The Trust for Public Land
 Name

Address
 City: San Francisco State: CA Zip Code: 94104

4. Payment Information (Complete all information.)

Date of Payment: 9/27/2013 Amount of Payment: (In-Kind FMV) \$ 10,000
 (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: Funding a poll to explore the feasibility of a public health initiative.

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 10/4/13 By _____
 DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Clear Form Print Form