

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		Date Stamp FILED 13 DEC -2 PM 12:46 SAN FRANCISCO ETHICS COMMISSION	California Form 803 For Official Use Only
Wiener, Scott			
Agency Name			
San Francisco Board of Supervisors			
Agency Street Address			
1 Dr. Carlton B. Goodlett Place			
Designated Contact Person (Name and title, if different)		BY <input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number	E-mail (Optional)	Date of Original Filing: _____ (month, day, year)	
(415) 554-6968	Scott.Wiener@sfgov.org		

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

Facebook

Name _____

Address _____ City: Menlo Park State: CA Zip Code: 94025

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

Mission High School

Name _____

Address _____ City: San Francisco State: CA Zip Code: 94114

4. Payment Information (Complete all information.)

Date of Payment: 11/22/13 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 3,750 (Round to whole dollars.)

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

Brief Description of In-Kind Payment: Laptop computers donated to Mission High School

Purpose: (Check one and provide description below.) Legislative Governmental Charitable Describe the legislative, governmental, charitable purpose, or event: Donations of laptop computers to students

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 12/2/13 DATE By [Redacted] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER