

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Lee, Edwin M.		Date Stamp FILED 2013 DEC 17 PM 3:57 SAN FRANCISCO ETHICS COMMISSION	California Form 803 For Official Use Only
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 (Name and title, if different) Olga A. Ryerson		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number (415) 554-6910	E-mail (Optional) olga.ryerson@sfgov.org	Date of Original Filing: _____ (month, day, year)	

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

Digital Garage US Inc
Name

San Francisco CA 94103
Address City State Zip Code

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

Hospitality House
Name

San Francisco CA 94103
Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 12/4/2013 Amount of Payment: (In-Kind FMV) \$ 5,000
(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: Note: Check dated 11/26/2013; however was delivered to the Mayor's Office on 12/4/2013.

Purpose: (Check one and provide description below.) Legislative Governmental Charitable

Describe the legislative, governmental, charitable purpose, or event: Hospitality House - Community Arts Program

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 December 16, 2013 By _____
DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER