

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		FILED Date Stamp 2014 JUN 26 PM 2:19 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 (Name and title, if different)		<input type="checkbox"/> Amendment (See Part 5)	
Olga A. Ryerson		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail (Optional)		
(415) 554-6910	olga.ryerson@sfgov.org		

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

Jaidin Consulting Group, LLC

Name

Address

San Francisco CA 94103

City State Zip Code

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

Northwest Harvest

Name

Address

Seattle WA 98102

City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 03/20/2014 Amount of Payment: (In-Kind FMV) \$ 3,000.00

(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: Northwest Harvest is a non-profit food bank distributor operating throughout Washington state.

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 June 25, 2014
DATE

By 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER