

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Lee, Edwin M.		Date Stamp 2014 JUL -8 PM 1:21	California Form 803 For Official Use Only
Agency Name Office of the Mayor		SAN FRANCISCO ETHICS COMMISSION	
Agency Street Address City Hall, Room 200, 1 Dr. Carlton B. Goodlett Place, S.F., CA 94102			BY <input type="checkbox"/> Amendment (See Part 5)
Designated Contact Person (Name and title, if different) Olga A. Ryerson		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (415) 554-6910	E-mail (Optional) olga.ryerson@sfgov.org		

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

Riverbed Technology
Name

Address: [Redacted] San Francisco CA 94105
City State Zip Code

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

United Way of the Bay Area
Name

Address: [Redacted] San Francisco CA 94108
City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: May 8, 2014 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: Supports San Francisco Summer Jobs+

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 July 8, 2014 By [Redacted Signature]
DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER