

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 1:28 SAN FRANCISCO ETHICS COMMISSION	California Form 803 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.)

Ernst & Young

Name

Address	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	San Francisco	CA	94108
	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: June 10, 2014 (month, day, year) Amount of Payment: (In-Kind FMV) \$ \$5,000 (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
DATE

By _____
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER