

Behested Payment Report

A Public Document

Behested Payment Report

<b>1. Elected Officer or CPUC Member</b> (Last name, First name)		Date Stamp <b>FILED</b> 2014 JUL -8 PM 1:20 SAN FRANCISCO ETHICS COMMISSION	<b>California 803</b> Form 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.)

SMG/Moscone

Name

[Redacted]

San Francisco

CA

94103

Address

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

[Redacted]

San Francisco

CA

94108

Address

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) \$ \$10,000  
(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

[Redacted Signature]

SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER