

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		Date Stamp 2014 JUN 26 PM 2:20	California Form 803 For Official Use Only
Lee, Edwin M.			
Agency Name		SAN FRANCISCO ETHICS COMMISSION	
Office of the Mayor			
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)		Date of Original Filing: _____ (month, day, year)	
Olga A. Ryerson			
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.)

Walter Wong
Name

Address: [Redacted] San Francisco CA 94103
City State Zip Code

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

The Glow Foundation
Name

Address: [Redacted] San Francisco CA 94103
City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: June 13, 2014 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 27,125.00 (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 the I Am The Future Scholarship Program - educational scholarships for low-income youth throughout the City.

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 [Redacted] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER