Behested Payment Report   A Public Document

1. Elected Officer or CPUC Member *(Last name, First name)*

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)*

Olga A. Ryerson

Area Code/Phone Number	E-mail *(Optional)*
(415) 554-6910	olga.ryerson@sfgov.org

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2014 JUL -8 PM 1: 20

SAN FRANCISCO
ETHICS COMMISSION

BY

California Form 803

For Official Use Only

☐ Amendment *(See Part 5)*

Date of Original Filing: _____
(month, day, year)

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

Verizon

Name

▉▉▉▉▉	Folsom	CA	95763-2200
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

▉▉▉▉▉▉▉▉▉	San Francisco	CA	94108
Address	City	State	Zip Code

4. Payment Information *(Complete all information.)*

Date of Payment: __July 7, 2014__   Amount of Payment: *(In-Kind FMV)* $ __$5,000__
(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 _____
DATE   SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

FPPC Form 803 (December/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)