

Behested Payment Report

A Public Document

Behested Payment Report

**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

(415) 554-6910

E-mail (Optional)

olga.ryerson@sfgov.org

**FILED**  
Date Stamp  
2014 JUL 25 AM 10:10  
SAN FRANCISCO ETHICS COMMISSION

**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.)

Coca-Cola Company

Name

Address

San Ramon

City

CA

State

94583

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

City

CA

State

94108

Zip Code

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

Date of Payment: July 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 23, 2014  
DATE

By \_\_\_\_\_  
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER