

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Lee, Edwin M.		Date Stamp: FILE 14 NOV 10 PM 4:21 SAN FRANCISCO ETHICS COMMISSION	California Form 803 For 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.)

Bay Area Discovery Museum

Name

[Redacted]

Sausalito

CA

94965

Address

City

State

Zip Code

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

MEDA

Name

[Redacted]

San Francisco

CA

94110

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 08/12/2014
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 3,060
(Round to whole dollars.)

Payment Type: Monetary Donation or In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: 250 admission tickets; each admits 5

Purpose: (Check one and provide description below.) Legislative Governmental Charitable

Describe the legislative, governmental, charitable purpose, or event: _____

For the Mission Backpack Giveaway supporting low income and underserved children and families in the Mission.

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 November 7, 2014
DATE

By [Redacted]
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER