

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

Date Stamp

14 NOV 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.)

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.)

The Salvation Army

Name

[Redacted]

San Francisco

CA

94107

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 08/13/2014 (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: 251 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 Tenderloin Backpack Giveaway supporting low income and underserved children and families in the Tenderloin.

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