

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 | E-mail (Optional)
 (415) 554-6910 | olga.ryerson@sfgov.org

Date Stamp **FIL**
14 NOV 10
PM 4:21
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.)
 Exploratorium
 Name
 Address: [Redacted] San Francisco CA 94111
 City State Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
 The Salvation Army
 Name
 Address: [Redacted] San Francisco CA 94107
 City State Zip Code

4. Payment Information (Complete all information.)
 Date of Payment: 08/19/2014 Amount of Payment: (In-Kind FMV) \$ 2,750
 (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: 126 General Admission Tickets
 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 By [Redacted Signature]
 DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER