

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Lee, Edwin M.		Date Stamp 14 NOV 10 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			
Area Code/Phone Number (415) 554-6910	E-mail (Optional) olga.ryerson@sfgov.org	<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ <small>(month, day, year)</small>	

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

SHN Theaters

Name

Address: [Redacted] San Francisco CA 94102
Address City State Zip Code

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

MEDA

Name

Address: [Redacted] San Francisco CA 94110
Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 8/29/2014 Amount of Payment: (In-Kind FMV) \$ 12,250
(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: 1,750 copies of the book Matilda

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]
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER