

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		Date Stamp FIL 14 NOV 10	California Form 803 <small>For Official Use Only</small>
Lee, Edwin M.			
Agency Name		SAN FRANCISCO ETHICS COMMISSION	
Office of the Mayor			
Agency Street Address			
City Hall, Room 200, 1 Dr. Carlton B. Goodlett Place, S.F., CA 94102		BY: <input type="checkbox"/> Amendment (See Part 5)	
Designated Contact Person (Name and title, if different)		Date of Original Filing: _____ <small>(month, day, year)</small>	
Olga A. Ryerson			
Area Code/Phone Number	E-mail (Optional)		
(415) 554-6910	olga.ryerson@sfgov.org		

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

SHN Theaters
Name

Address: [Redacted] San Francisco CA 94102
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: 08/30/2014 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 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