

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 **FH** **California Form 803**
 14 NOV 10 PM 4:23
 For Official Use Only
 SAN FRANCISCO ETHICS COMMISSION
 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.)
 Walgreens
 Name
 2701 Van Ness Ave., #306 | San Francisco | CA | 94109
 Address | City | State | Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
 K to College
 Name
 7730 Pardee Lane | Oakland | CA | 94621
 Address | City | State | Zip Code

4. Payment Information (Complete all information.)
 Date of Payment: 09/01/2014 | Amount of Payment: (In-Kind FMV) \$ 1,000
 (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: _____
 Purpose: (Check one and provide description below.) Legislative Governmental Charitable
 Describe the legislative, governmental, charitable purpose, or event: _____
 For the Mission and Tenderloin Backpack Giveaway supporting low income and underserved children and families in the Mission & 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 
 DATE | SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER