

ORIGINAL

Behested Payment Report

A Public Document

Behested Payment Report

FILED

California Form 803

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 OCT -3 PM

SAN FRANCISCO ETHICS COMMISSION

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.)

Lennar Community - Bay Area Urban

Name

[Redacted]

San Francisco

CA

94104

Address

City

State

Zip Code

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

Chinese Hospital

Name

[Redacted]

San Francisco

CA

94133

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 9/17/2014 (month, day, year)

Amount of Payment: (In-Kind FMV) \$ \$25,000 (Round to whole dollars.)

Payment Type: [X] 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 [X] Charitable Describe the legislative, governmental, charitable purpose, or event: Charitable donation will go toward new Chinese Hospital building funds.

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 October 1, 2014 DATE

By [Redacted] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER