Behested Payment Report		A Public Docum	ent	Behested Payment Repor
1. Elected Officer or CPUC	Member (Last name,	First name)	Date Starpp	California 202
SUPERVISOR MARK FAR	RELL			Form OO
Agency Name			14 OCT 31 A	9:53 Official Use Only
SAN FRANCISCO BOARD	OF SUPERVISORS		SANFRAN	CL3 CO
Agency Street Address			ETHICS COM	155 PN (d M A
ONE DR. CARLTON B. GOOI Designated Contact Person (YM W	1911. 14 11. Va
Designated Contact Ferson (rvame and une, ir omerem,		Amendment (See Par	og neglijih palastini palastini palastini par di kara di Andridatini par di kara di Andridatini palastini
Area Code/Phone Number	E-mail (Optional)		Date of Original Filing: _	10/ /14
(415) 554-7752				(month, day, year)
2. Payor Information (For ac	<u>I</u> Iditional payors, include an	attachment with the names and	addresses.)	
SEE ATTACHED FOR PAY			,	
Name	OTOTIVE I TOTIVE IT	1147 01411/111014		
Address		City	State	Zip Code
3. Payee Information (For ad	lditional payees, include ar	attachment with the names and	addresses.)	
SAN FRANCISCO PARKS	ALLIANCE			
Name	<u> </u>			· · · · · · · · · · · · · · · · · · ·
		SAN FRANCISCO	CA	94102
Address		City	State	Zip Code
4. Payment Information (Co.	mplete all information.)			
Date of Payment:	Amo	ount of Payment: (In-Kind FA	uv) \$	
(month, c	day, year)		(Round to whole o	,
Payment Type:	Monetary Donation	or ☐ In-Kind Go	oods or Services (Provide	description below.)
Brief Description of In-Kin	d Payment:			
Purpose: (Check one and provide of	lescription below.)	egislative 🔲 Govern		
Describe the legislative, go	overnmental, charita	able purpose, or event:	10/03/2014 CHARITA	BLE FUNDRAISING
EVENT FOR THE NEIGHBO	ORHOOD SCHOOLY	ARDS PROJECT OF THE	SAN FRANCISCO PA	ARKS ALLIANCE
5. Amendment Description	or Comments		hypytytyteidinggocky, fytrik trykinsernelsernelsernelserne dysamos år accountingsk trangsgeliggserne gegrer tr	down was satisfactor or combined and analysis of combined and a supposition of the satisfactor of combined and combined an
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			<u> </u>	
S. Verification				
o. vernication				
I certify, under penalty of perjury	under the laws of the S	State of California, that to the	best of my knowledge, the	e information contained
herein is true and complete.				
Executed on 10/2	У 114 г			
L'VECUTER OIL	<u>-, В</u>	y signaturi	E OF ELECTED OFFICER OR CPUC	MEMBER

SUPERVISOR MARK FARRELL -- FORM 803 -- ADDITIONAL PAYORS

DATE	PAYOR		AMOUNT	ADDRESS CITY	ISTATE	I ZIP
8/15/2014	Recology	\$	5,000,00	San Francisco		94134
8/27/2014	San Francisco Firefighters Local 798	\$	5,000,00	San Francisco		94103
8/27/2014	Dignity Health	\$	5,000.00	San Francisco		94107
9/4/2014	Diane Wilsey	\$	5,000.00	San Francisco		94107
9/12/2014	Lennar Urban	\$	5,000.00	San Francisco		
9/16/2014	ParkMerced	\$	5,000.00			94111
9/19/2014	Blue Shield of California	4	5,000.00	San Francisco		94132
9/29/2014	Trumark Urban Partners	- ψ	5,000.00	San Francisco		94105
9/29/2014	AT&T	Ψ φ		San Francisco		94105
10/1/2014	Thomas Coates	3	5,000.00	San Francisco		94105
10/6/2014		- 3	10,000.00	San Francisco	CA	94111
	Ron Conway	\$	10,000.00	San Mateo	CA	94402
	Charles Schwab	\$	5,000.00	San Francisco	CA	94119
	Silicon Valley Community Foundation	\$	10,000.00	Mountain View	CA	94040
10/17/2014	Google	\$	5,000.00	Mountain View		94043