

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 **FILE** California **803**
 14 NOV 10 PM 4:21
 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.)

Carol Kaufman
 Name
 Address: [Redacted] San Mateo CA 94403
 City State Zip Code

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

The First Tee of San Francisco
 Name
 Address: [Redacted] San Francisco CA 94132
 City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 10/6/14 & 10/26/14 Amount of Payment: (In-Kind FMV) \$ 6,520
 (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: The Mayor's Cup Charity Golf Tournament benefits The First Tee of San Francisco, who will distribute monies to Asian Americans Advancing Justice/Asian Law Caucus, & the SF Women's Golf Initiative.

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