

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		Date-Stamp	California Form 803 For Official Use Only
Edwin M. Lee		2015 JAN 27 PM 2:15	
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			
Designated Contact Person (Name and title, if different)		BY <input type="checkbox"/> Amendment (See Part 5)	
Colin Lacon		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail (Optional)		
415-554-6596	Colin.Lacon@sfgov.org		

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

Avid Partners (Pamela Joyner)

Name

Address: [Redacted] San Francisco CA 94111

City State Zip Code

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

San Francisco Travel Foundation (City Hall Centennial Celebration)

Name

Address: [Redacted] San Francisco CA 94111

City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 1/6/2015 Amount of Payment: (In-Kind FMV) \$ 25,000

(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: City Hall Centennial Celebration
with celebratory projects such as LED lighting system upgrades, permanent light show, a documentary film a public event

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 January 26, 2015 By [Redacted Signature]

DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER