Behested Payment Report — A Public Document

1. Elected Officer or CPUC Member *(Last name, First name)*

Edwin M. Lee

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)*

Colin Lacon

Area Code/Phone Number	E-mail *(Optional)*
415-554-6596	Colin.Lacon@sfgov.org

Date Stamp: FILED
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SAN FRANCISCO ETHICS COMMISSION

California Form 803

Official Use Only

BY

☐ **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.)*

CH2M Hill, Inc
Name

[redacted] | Englewood | CO | 80112
Address | 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

[redacted] | San Francisco | CA | 94111
Address | City | State | Zip Code

4. Payment Information *(Complete all information.)*

Date of Payment: 1/20/2015 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 15000 *(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 (DATE) By [redacted] (SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER)