

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		FILED Date Stamp 15 MAR 18 AM 11:50 SAN FRANCISCO ETHICS COMMISSION	California Form 803 For Official Use Only
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)		<input type="checkbox"/> Amendment (See Part 5)	
Colin Lacon		Date of Original Filing: _____	
Area Code/Phone Number		(month, day, year)	
415-554-6596			
E-mail (Optional)			
colin.lacon@sfgov.org			

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

Presidio Trust

Name

Address: _____ San Francisco CA 94129

City State Zip Code

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

SPUR (Good Government Awards)

Name

Address: _____ San Francisco CA 94123

City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 1/21/2015 Amount of Payment: (In-Kind FMV) \$ 5,000

(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: Good Government Awards

honoring managerial excellence for the City and County of San Francisco

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 3/13/15 By _____

DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER