

Behested Payment Report

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Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Edwin M. Lee		Date Stamp 15 MAR 18 AM 11:58 SAN FRANCISCO ETHICS COMMISSION	California Form 803 For Official Use Only
Agency Name Office of the Mayor			
Agency Street Address City Hall, Room 200, 1 Dr. Carlton B. Goodlett Place, S.F., CA 94102		BY _____	
Designated Contact Person (Name and title, if different) Colin Lacon		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number 415-554-6596	E-mail (Optional) colin.lacon@sfgov.org	Date of Original Filing: _____ (month, day, year)	

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

Municipal Executives Association

Name

[Redacted]

San Francisco

CA

94102

Address

City

State

Zip Code

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

SPUR (Good Government Awards)

Name

[Redacted]

San Francisco

CA

94123

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 2/16/2015
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 5,000
(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
DATE

By [Redacted Signature]
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER