

Behested Payment Report

A Public Document FILED

Behested Payment Report

1. Elected Officer or CPUC Member <i>(Last name, First name)</i>		Date Stamp	California Form 803 For Official Use Only
Edwin M. Lee		15 MAR 18 AM 11:58	
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 <i>(Name and title, if different)</i>		<input type="checkbox"/> Amendment <i>(See Part 5)</i>	
Colin Lacon		Date of Original Filing: _____ <i>(month, day, year)</i>	
Area Code/Phone Number	E-mail <i>(Optional)</i>		
415-554-6596	colin.lacon@sfgov.org		

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

Swinerton Builders

Name

Address	San Francisco	CA	94107
	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: 2/25/2015 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 [Redacted Signature]
DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER