

Behested Payment Report

A Public Document

Behested Payment Report

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 415-554-6596 E-mail (Optional) colin.lacon@sfgov.org		Date Stamp FIL 15 MAR 31 SAN FRANCISCO ETHICS COMMISSION	California Form 803 For Official Use Only
<input type="checkbox"/> 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.)

Fidelity Charitable

Name _____

Address _____ City Cincinnati State OH Zip Code 45277

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

San Francisco Travel Foundation (City Hall Centennial Celebration)

Name _____

Address _____ City San Francisco State CA Zip Code 94111

4. Payment Information (Complete all information.)

Date of Payment: 3/10/2015 Amount of Payment: (In-Kind FMV) \$ 50,000
(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 3/30/15 By _____
DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER