

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Edwin M. Lee		Date Stamp FILED 15 MAR 31 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			
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.)

Crescent Heights

Name _____

Address _____ City San Francisco State CA Zip Code 94111

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

SPUR (Good Government Awards)

Name _____

Address _____ City San Francisco State CA Zip Code 94123

4. Payment Information (Complete all information.)

Date of Payment: 3/11/2015 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 3/30/15 By _____
DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER