

Behested Payment Report

A Public Document

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Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Edwin M. Lee		Date Stamp 2015 APR 9 PM 3	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		SAN FRANCISCO ETHICS COMMISSION	
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) colln.lacon@sfgov.org	Date of Original Filing: _____ (month, day, year)	

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

Franklin Advisers Inc.  
Name

Address: \_\_\_\_\_ San Mateo CA 94403  
City State Zip Code

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

San Francisco Travel Foundation (City Hall Centennial Celebration)  
Name

Address: \_\_\_\_\_ San Francisco CA 94111  
City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 3/27/2015 Amount of Payment: (In-Kind FMV) \$ 10,000  
(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 4/2/15 By \_\_\_\_\_  
DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER