

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 2015 APR 9 PM 3:2	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) 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.)

AT&T
Name

Address: _____ City: St. Louis State: MO Zip Code: 63178

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: 3/31/2015 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 4/2/15 By _____
DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER