

Behested Payment Report

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Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Edwin M. Lee 2015 APR -9 11 3: 21 Date Stamp  
 Agency Name Office of the Mayor SAN FRANCISCO ETHICS COMMISSION  
 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) Collin Lacon  Amendment (See Part 5)  
 Area Code/Phone Number 415-554-6596 E-mail (Optional) collin.lacon@sfgov.org Date of Original Filing: \_\_\_\_\_ (month, day, year)

California Form 803 For Official Use Only

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

Name The Swig Foundation  
 Address [Redacted] San Francisco CA 94104  
 City State Zip Code

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

Name San Francisco Travel Foundation (City Hall Centennial Celebration)  
 Address [Redacted] San Francisco CA 94111  
 City State Zip Code

4. Payment Information (Complete all information)

Date of Payment: 3/31/2015 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 DATE

By [Redacted Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER