



# San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received on:

## BEHESTED CONTRIBUTIONS RECEIVED BY CERTAIN COMMITTEES

Form SFEC-1145

A Public Document

Under San Francisco Campaign & Governmental Conduct Code [Section 1.114.5\(b\)\(2\)](#), any ballot measure committee or committee making independent expenditures that receives contributions totaling \$5,000 or more in a calendar year by any person, at the behest of a City elective officer shall file this form. "At the behest of" means under the control or at the direction of, in cooperation, consultation, coordination, or concert with, at the request or suggestion of, or with the express, prior consent of. However, a contribution is not made *at the behest of* a public official solely because the official requested the contribution via television, radio, billboard, a public message on an online platform, the distribution of 200 or more identical pieces of printed material, the distribution of a single email to 200 or more recipients, or a speech to a group of 20 or more individuals.

The committee must file this form no later than the deadline to file the semi-annual or pre-election campaign statement that must report the contribution that makes the cumulative total \$5,000 or more. For more information visit [www.sfethics.org](http://www.sfethics.org).

1. FILING INFORMATION	
TYPE OF FILING	STATEMENT PERIOD to
DATE OF ORIGINAL FILING (for amendments only)	
AMENDMENT DESCRIPTION (Explain reason for amendment)	

2. FILER INFORMATION	
NAME OF COMMITTEE	
FPPC ID# (if any)	DESIGNATED CONTACT PERSON
CONTACT PERSON PHONE	CONTACT PERSON EMAIL (optional)

3. CITY ELECTIVE OFFICER INFORMATION	
NAME OF CITY ELECTIVE OFFICER WHO BEHESTED CONTRIBUTION(S)	CITY ELECTIVE OFFICER TITLE

4. BEHESTED CONTRIBUTION INFORMATION	
TOTAL AMOUNT OF CONTRIBUTION(S) RECEIVED AT THE BEHEST OF THE ELECTIVE OFFICER	DATE CONTRIBUTION(S) RECEIVED EQUALED OR EXCEEDED \$5,000
\$	

5. ITEMIZED CONTRIBUTIONS			
List contributions received at the behest of the City Elective Officer identified in Section 3. Include each contributor's name, the date and the amount of each contribution.			
#	CONTRIBUTOR NAME	DATE OF CONTRIBUTION	AMOUNT OF CONTRIBUTION
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$

**5. ITEMIZED CONTRIBUTIONS (CONTINUED)**

List contributions received at the behest of the City Elective Officer identified in section 3. Include each contributor's name, the date and the amount of each contribution.

#	CONTRIBUTOR NAME	DATE OF CONTRIBUTION	AMOUNT OF CONTRIBUTION
10			\$
11			\$
12			\$
13			\$
14			\$
15			\$
<input type="checkbox"/>	Check this box if you need to include additional contributors. Please submit a separate form with complete information. Select 'Supplemental' for filing type.		

**6. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge, the information I have provided here is true and complete.

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

<b>SIGNATURE</b>	<b>DATE SIGNED</b>