



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 . www.sfethics.org

Received on:

CITY OFFICER BEHESTED PAYMENT REPORT

SFEC Form 3.610(b)

A Public Document

San Francisco Campaign & Governmental Conduct Code Section 3.610 may require a City Officer to file a Behested Payment Report. For more information, see <https://sfethics.org/compliance/city-officers/behested-payments>.

1. FILING INFORMATION		
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendments only)</i>	
AMENDMENT DESCRIPTION – Explain reason for amendment		
2. INFORMATION REGARDING CITY OFFICER		
NAME OF CITY OFFICER	AGENCY NAME	
CITY OFFICER OR DESIGNATED CONTACT PERSON <i>(if different)</i>		
OFFICER OR CONTACT PERSON PHONE	CONTACT PERSON EMAIL	
3. PAYEE INFORMATION		
PAYEE NAME		
STREET		
CITY	STATE	ZIP CODE

4. PURPOSE OF THE BEHESTED PAYMENT

TYPE

DESCRIBE THE LEGISLATIVE, GOVERNMENTAL, OR CHARITABLE PURPOSE OR EVENT FOR WHICH THE PAYMENT WAS MADE

Sample Copy
Do Not File

5. PAYOR INFORMATION

Enter the Payor's name, street address, and payment details below. For in-kind payments, provide the fair market value of the item(s) in the 'Payment Amount' field and a brief description of the item(s) under 'Payment Type & Description' field.

#	NAME	STREET ADDRESS (include City, State, Zip)	PAYMENT DATE	PAYMENT AMOUNT	PAYMENT TYPE	DESCRIPTION
1				\$		
2				\$		
3				\$		
4				\$		
5				\$		
6				\$		
7				\$		
8				\$		
9				\$		
10				\$		

Sample Not File Copy

5. PAYOR INFORMATION

Enter the Payor's name, street address, and payment details below. For in-kind payments, provide the fair market value of the item(s) in the 'Payment Amount' field and a brief description of the item(s) under 'Payment Type & Description' field.

#	NAME	STREET ADDRESS (include City, State, Zip)	PAYMENT DATE	PAYMENT AMOUNT	PAYMENT TYPE	DESCRIPTION
11				\$		
12				\$		
13				\$		
14				\$		
15				\$		
16				\$		
17				\$		
18				\$		
19				\$		
20				\$		

Sample Not File Copy

5. PAYOR INFORMATION

Enter the Payor's name, street address, and payment details below. For in-kind payments, provide the fair market value of the item(s) in the 'Payment Amount' field and a brief description of the item(s) under 'Payment Type & Description' field.

#	NAME	STREET ADDRESS (include City, State, Zip)	PAYMENT DATE	PAYMENT AMOUNT	PAYMENT TYPE	DESCRIPTION
21				\$		
22				\$		
23				\$		
24				\$		
25				\$		
<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select 'Supplemental' for filing type.					

6. REPORTABLE INTEREST WITH PAYEE

Report if the officer or the officer’s relative, staff member, or paid campaign staff is an officer, executive, member of the board of directors, staff member or authorized agent for the recipient of the Behested payment(s), such individual’s name, relation to the officer, and position held with the payee.

<input type="checkbox"/>	Check this box to report an interest(s) with a payee		
#	NAME	RELATION TO OFFICER	POSITION HELD WITH PAYEE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select ‘Supplemental’ for filing type.		

Sample Copy
Do Not File

7. COMMUNICATIONS FEATURING OFFICER

If the payee has created or distributed 200 or more substantially similar communications featuring the officer within the six months prior to the deadline for filing this report, provide a brief description of such communication(s), the purpose of the communication(s), the number of communication(s) distributed, and a copy of the communications(s). If in the six months following the deadline for filing this report the payee has created or distributed 200 or more substantially similar communications featuring the officer, the officer shall file an amended report disclosing the below information.

Check this box to report a communication(s) featuring an officer.

#	BRIEF DESCRIPTION	PURPOSE	DATE OF DISTRIBUTION OR CREATION	NUMBER DISTRIBUTED
1				
2				
3				
4				
5				

Check this box if you need to include additional communications. Please submit a separate form with complete information. Select 'Supplemental' for filing type.

ATTACH COMMUNICATIONS
 Communications attached to this document are appended at the end of this document.

8. COMMENTS

--

9. 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.

SIGNATURE

DATE SIGNED

--	--

Sample Copy
Do Not File