



San Francisco Ethics Commission

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Received on:

DONORS OF BEHESTED PAYMENTS REPORT

Form SFEC-3.620
A Public Document

Under San Francisco Campaign & Governmental Conduct Code [Section 3.620](#), any interested party who makes a behested payment, or series of behested payments in a calendar year, of \$10,000 or more must file this form within 30 days following the date on which the payments total \$10,000 or more. For more information visit www.sfethics.org.

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendments only)</i>
AMENDMENT DESCRIPTION <i>(Explain reason for amendment)</i>	

2. INFORMATION REGARDING DONOR		
NAME OF DONOR		
DONOR STREET		
CITY	STATE	ZIP CODE
AUTHORIZED REPRESENTATIVE <i>(If donor is not a person, provide the name and title of authorized representative)</i>		
PHONE	EMAIL <i>(optional)</i>	

3. CITY OFFICER WHO REQUESTED PAYMENT	
NAME OF CITY OFFICER	TITLE

4. PAYEE INFORMATION

Enter the Payee's name, street address, and payment details below. For in-kind payments (donations of goods or services, instead of cash), provide the fair market value of the goods or services in the 'Amount' field and a brief description of the item(s) under the 'Description' field.

#	NAME OF PAYEE	PAYEE ADDRESS	PAYMENT DATE	AMOUNT	TYPE	DESCRIPTION OF IN-KIND PAYMENT
1				\$		
2				\$		
3				\$		
4				\$		
5				\$		
6				\$		
7				\$		
8				\$		
9				\$		
10				\$		
11				\$		
12				\$		
<input type="checkbox"/> Check this box if you need to include additional payment information. Please submit a separate form with complete information. Select 'Supplemental' for filing type.						

5. PROCEEDING(S)		
Report the proceeding(s) the filer ("donor") is an interested party in, which involve the City official that solicited the payment(s), and describe the outcome(s) sought in such proceedings or decisions.		
<input type="checkbox"/>	Check this box to report proceedings.	
#	PROCEEDING	OUTCOME SOUGHT
1		
2		
3		
4		
5		
<input type="checkbox"/>	Check this box if you need to include additional proceedings. Please submit a separate form with complete information. Select 'Supplemental' for filing type.	

6. CONTACT(S) WITH CITY OFFICER RELATED TO PROCEEDING(S)		
Report any contact(s) the filer ("donor") made to the City officer in relation to any of the proceedings listed in Section 5 above. A "contact" means any communication, oral or written, including communication made through an agent, associate or employee, for the purpose of influencing local legislative or administrative action.		
<input type="checkbox"/>	Check this box to report contacts.	
#	PROCEEDING	DESCRIPTION (DATE, METHOD, PURPOSE OF CONTACT)
1		
2		
3		
4		
5		
<input type="checkbox"/>	Check this box if you need to include additional contacts. Please submit a separate form with complete information. Select 'Supplemental' for filing type.	

7. 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