



San Francisco Ethics Commission

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Received on:

RECIPIENTS OF MAJOR BEHESTED PAYMENTS

Form SFEC-3.630
A Public Document

Under San Francisco Campaign & Governmental Conduct Code [Section 3.630\(a\)\(1\)](#), any person who receives a behested payment, or series of behested payments in a calendar year, totaling \$100,000 or more must file this form within 30 days following the date on which the payments total \$100,000 or more. For example, if your behested payments received total \$100,000 on June 12, 2019, you must submit this form by July 12, 2019. You must notify the Ethics Commission that the recipient has received such payment(s) and specify the date on which the payment(s) equaled or exceeded \$100,000.

Additionally, under San Francisco Campaign & Governmental Conduct Code [Section 3.630\(a\)\(2\)](#), if you filed this report to notify the Ethics Commission that you received behested payments totaling \$100,000 or more, you must file this form again between 12 and 13 months following the date on which the payment(s) or payments total \$100,000 or more and submit **Schedule A**. For example, if your behested payments total \$100,000 on June 12, 2019, you must submit **Schedule A** between June 12, 2020 and July 12, 2020. Filers must disclose all payments made that were funded in whole or in part by the behested payment(s) made at the behest of the City officer and if the person was an interested party in any City decision(s) involving the officer in the 12 months following the date on which the payment(s) were made.

For more information visit www.sfethics.org.

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

2. INFORMATION REGARDING RECIPIENT OF MAJOR BEHESTED PAYMENT(S)

NAME OF RECIPIENT		
RECIPIENT STREET		
CITY	STATE	ZIP CODE

AUTHORIZED REPRESENTATIVE (If recipient is not a person, provide the name and title of authorized representative)

NAME	TITLE
PHONE	EMAIL (optional)

3. CITY OFFICER INFORMATION

NAME OF CITY OFFICER WHO BEHESTED PAYMENT(S)	TITLE
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4. BEHESTED PAYMENT INFORMATION

TOTAL AMOUNT OF PAYMENT(S)	DATE PAYMENT(S) EQUALED OR EXCEEDED \$100,000
\$	

Sample Copy
Do Not File

Schedule A

A1. EXPENDITURE(S) REPORT				
If 12 months have elapsed since you last filed this form to report receipt of behested payments of \$100,000 or more, complete this schedule to report expenditures made with the behested funds. For each expenditure, enter each payee's name, payment date, and payment details below. In 'Purpose of Payment' field, briefly describe the goods or services.				
#	NAME	PAYMENT DATE	AMOUNT	PURPOSE OF PAYMENT
1			\$	
2			\$	
3			\$	
4			\$	
5			\$	
6			\$	
7			\$	
8			\$	
9			\$	
10			\$	
11			\$	
12			\$	
13			\$	
<input type="checkbox"/>	Check this box if you need to include additional expenditure information. Please submit a separate form with complete information. Select 'Supplemental' for filing type.			

A2. PROCEEDING(S) DISCLOSURE

If, in the 12 months following the date listed in Section 4 above, the recipient of a major behested payment was an interested party in any City decision involving the officer listed in Section 3 above, report the proceeding(s), and describe the outcome(s) sought in such proceedings or decisions. If any contact was made in relation to a proceeding, provide a brief description (date, method, purpose of contact). 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.

Check this box if you are an interested party in any decision involving the officer listed in Section 3.

#	PROCEEDING	DECISION ACTIVELY SUPPORTED OR OPPOSED	OUTCOME SOUGHT IN PROCEEDING	DESCRIBE ANY CONTACT MADE TO OFFICER IN RELATION TO PROCEEDING
1				
2				
3				
4				
5				

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

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

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