

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)

Breed, London

Date Stamp

California Form 803

For Official Use Only

Agency Name

Office of the Mayor, City and County of San Francisco

Agency Street Address

City Hall, Room 200, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA

Designated Contact Person (Name and title, if different)

Hank Heckel, Compliance Officer

☐ Amendment (See Part 5)

Date of Original Filing: _____
(month, day, year)

Area Code/Phone Number

(415) 554-4796

E-mail (Optional)

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

San Francisco Special Events Committee

Name

601 Van Ness Avenue, Suite E240

San Francisco

CA

94102

Address

City

State

Zip Code

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

San Francisco-Shanghai Sister City Committee

Name

809 Sacramento St

San Francisco

CA

94108

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 1/17/20
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 20,000
(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: To assist with Lunar New Year parade, including planned sponsorship and float, for celebration of sister city relationship

5. Amendment Description and/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 May 4, 2020
DATE

By

CPUC MEMBER

Clear Page

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