

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member <i>(Last name, First name)</i> 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 <i>(Name and title, if different)</i> Hank Heckel, Legal Compliance Officer		<input type="checkbox"/> Amendment <i>(See Part 5)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	
Area Code/Phone Number (415) 554-4796	E-mail <i>(Optional)</i> hank.heckel@sfgov.org		

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

Suffolk Construction Co.
Name

65 Allerton Street Boston MA 02119
Address City State Zip Code

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

San Francisco Special Events Committee
Name

325 Sharon Park Dr. Menlo Park CA 94025
Address City State Zip Code

4. Payment Information *(Complete all information.)*

Date of Payment: 3/27/20 Amount of Payment: *(In-Kind FMV)* \$ 5,000
(month, day, year) *(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: Support for mayoral inaugural activities

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 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

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