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breed, London	Elected Officer or CPUC Member (Last name, First name)  Prood London			California 80
Agency Name Office of the Mayor, City and County of San Francisco			Date Stamp	Form 80
			1	For Official Use Only
Agency Street Address		ancisco		
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)	
Area Code/Phone Number (415) 554-4796			Date of Original Filing: _	(month, day, year)
Payor Information (For ac	Iditional payors, include a	n attachment with the names and	addrasses )	
San Francisco Special Eve		and the names and	addresses.)	
601 Van Ness Avenue, Suite E240 San Francisco		CA	94102	
		*	State	Zip Code
			addresses.)	
Name				
Address				94108 Zip Code
_		or ☐ In-Kind Go	oods or Services (Provide	description below.)
			The state of the s	
Amendment Description	and/or Commen	ts		
/erification				
certify, under penalty of perjury erein is true and complete.	under the laws of the S	State of California, that to the b	pest of my knowledge, the	information contained
vecared ou	В	y Loda &	reed	
	Designated Contact Person Hank Heckel, Compliance Area Code/Phone Number (415) 554-4796  Payor Information (For act San Francisco Special Eve Name 601 Van Ness Avenue, Sui Address  Payee Information (For act San Francisco-Shanghai Si Name 809 Sacramento St Address  Payment Information (Coil Contact Date of Payment:  Payment Type:  Brief Description of In-Kine Purpose: (Check one and provide de Describe the legislative, go including planned sponsors  Amendment Description  Certify, under penalty of perjury erein is true and complete.  Mai  Executed on  Mai	Designated Contact Person (Name and title, if different Hank Heckel, Compliance Officer  Area Code/Phone Number (415) 554-4796  Payor Information (For additional payors, include a San Francisco Special Events Committee Name 601 Van Ness Avenue, Suite E240 Address  Payee Information (For additional payees, include a San Francisco-Shanghai Sister City Committee Name 809 Sacramento St Address  Payment Information (Complete all information.) Date of Payment: 1/17/20 Amment Monetary Donation  Payment Type: Monetary Donation  Brief Description of In-Kind Payment:  Purpose: (Check one and provide description below.)  Describe the legislative, governmental, charity including planned sponsorship and float, for celes amendment Description and/or Commental Complete.  May 4, 2020  May 4, 2020  May 4, 2020	Designated Contact Person (Name and title, if different) Hank Heckel, Compliance Officer  Area Code/Phone Number (415) 554-4796  Payor Information (For additional payors, include an attachment with the names and San Francisco Special Events Committee Name 601 Van Ness Avenue, Suite E240  San Francisco Address  City  Payee Information (For additional payees, include an attachment with the names and San Francisco-Shanghai Sister City Committee  San Francisco-Shanghai Sister City Committee  Name 809 Sacramento St  San Francisco Address  City  Payment Information (Complete all information.)  Date of Payment: 1/17/20 Amount of Payment: (In-Kind File Payment Type: Monetary Donation or In-Kind Go Brief Description of In-Kind Payment:  Purpose: (Check one and provide description below.) Legislative Governt: including planned sponsorship and float, for celebration of sister city relation  Amendment Description and/or Comments  Verification  Certify, under penalty of perjury under the laws of the State of California, that to the the green is true and complete.  May 4, 2020  May 4, 2020	Hank Heckel, Compliance Officer  Area Code/Phone Number (415) 554-4796  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  Address  City State  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  Address  City State  Payment Information (Complete all information.)  Date of Payment: 1/17/20 Amount of Payment: (In-Kind FMV) \$ 20,000 (Round to whole of Complete all information.)  Payment Type: Monetary Donation or In-Kind Goods or Services (Provide.)  Brief Description of In-Kind Payment:  Purpose: (Check one and provide description below.) Legislative Governmental Coharitable purpose, or event: To assist with Lunar Not including planned sponsorship and float, for celebration of sister city relationship  Amendment Description and/or Comments  May 4, 2020  May 4, 2020  By  Amount of California, that to the best of my knowledge, the erein is true and complete.