



San Francisco Department of Public Health

Grant Colfax, MD
Director of Health

City and County of San Francisco
London N. Breed
Mayor



Department of
PUBLIC HEALTH

[Date] 7-16-21
[Name] Scott WALTON
[Address] Orpheus Theatre 1182 Market St
[City, State Zip] SF, CA, 94117

Dear Scott

Thank you for your generous contribution to the San Francisco Department of Public Health (DPH). In order to help DPH comply with the San Francisco Sunshine Ordinance,* we ask that you please complete this form and return it as soon as possible to: Department of Public Health, 101 Grove St #110, San Francisco CA 94102.

Contributor & Contribution Information:

Name: Scott WALTON
Phone: 415 551 2052
Money, Goods, or Services (description):
ticket donation

Date: 7-16-21
Address: 1182 Market St.
SF CA 94102
Estimated Value: \$7960.00

The above address is a: Business Residence

Financial Interest:

The San Francisco Sunshine Ordinance requires that a department that receives a gift of money, goods, or services worth more than \$100 in the aggregate to report any financial interest that the contributor has involving the City and County of San Francisco (the City). Please check the appropriate box or boxes that describe your financial interest in the City.

- Contract with City
- Grant from the City
- Lease of Space to or from the City
- City License, Permit, or Entitlement for Use
- Other Financial Interest
- Pending Financial Interest
- No Financial Interest

- (Please describe): _____
- (Please describe): _____
- (Please describe): _____
- (Please describe): Entertainment + City licensed business
- (Please describe): _____
- (Please describe): _____

*San Francisco Administrative Code Chapter 67 section 67.29-6 (Sources of Outside Funding) provides:



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No official or employee or agent of the City shall accept, allow to be collected, or direct or influence the spending of, any money, or any goods or services worth more than one hundred dollars in aggregate, for the purpose of carrying out or assisting any City function unless the amount and source of all such funds is disclosed as a public record and made available on the website for the department to which the funds are directed. When such funds are provided or managed by an entity, and not an individual, that entity must agree in writing to abide by this ordinance. The disclosure shall include the names of all individuals or organizations contributing such money and a statement as to any financial interest the contributor has involving the City.

**LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER
GIFT RECEIPT FORM**

DONOR CONTACT INFORMATION:

Note: In-kind donations shall be distributed directly to residents, or distributed to departments, or sold at the hospital's Gift Shop with proceeds going to the Gift Fund.

Name Scott M WALTON
 Address Broadway SF
1182 Market St.
Suite 200
 City, State Zip San Francisco CA 94102
 Phone 415 551 2052
 E-mail SCOTTWALTON@THEAMBASSADORS.COM

IN-KIND GIFT

Description of Item(s) Donated	Condition	Quantity	Approximate Value*
<u>Hamilton tickets (\$199 each)</u>	<u>new</u>	<u>40</u>	<u>\$7960.00</u>

Proposed Use of Gift:

we are honoring health care workers at a special performance of the show dedicated to front-line workers
Scott M Walton 7-16-21

Donor Signature (if available)

Date

The donor is sent an acknowledgement letter unless the contact information is not known.

* Donations of in-kind items do not have value placed upon them by hospital employees for purposes of donor tax obligation. Valuation is the responsibility of the donor.

- CASH DONATION**
- CHECK #** **AMOUNT**
Attach a copy of check(s) above
- ON-LINE DONATION** **AMOUNT**

Accounting Use Only:	
Dept Code :	<u>207690</u>
Fund Code:	<u>22150</u>
Auth Code:	<u>10001</u>
Project Code:	<u>10000321</u>
Activity Code:	<u>0001</u>
Account Code:	<u>478101</u>

Volunteer Services Use Only:

Date: _____ In-kind Gift, Fair Market
 Donated items were left in front of office Value (Documentation attached): \$ _____
 Donated items were received in person by: _____ (print name)
 Acknowledgement letter and copy of Gift Receipt Form sent to donor (if address known)

1182 MARKET STREET SUITE 200 SAN FRANCISCO CA 94102
T 415 551 2075 broadwaysf.com



This ticket is considered a “gift” from the Ambassador Group valued at \$200 which must be reported on your annual Statement of Economic Interests (Form 700). For your information, the gift is permissible under the City’s ethics laws because the Ambassador Group does not qualify as a “restricted source” as it is not pursuing a City contract or lobbying for a City administrative or legislative matter.

**BROADWAY SF,
PART OF THE AMBASSADOR
THEATRE GROUP**

