

1182 MARKET STREET SUITE 200 SAN FRANCISCO CA 94102  
T 415 551 2075 [broadwaysf.com](http://broadwaysf.com)



These tickets are considered a "gift" from the Ambassador Theatre Group, owner of BroadwaySF, valued at \$99 each 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 Ambassador Theatre 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.



# 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]

[Name]

[Address]

[City, State Zip]

Dear \_\_\_\_\_,

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: 415 581 2052  
Money, Goods, or Services (description):  
\_\_\_\_\_

Date: 3-1-22  
Address: Bradyway SF  
1162 Market St. Ste 700 94102  
Estimated Value: \$99 each

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.

- |   |                          |
|---|--------------------------|
| <input type="checkbox"/> Contract with City                           | (Please describe): _____ |
| <input type="checkbox"/> Grant from the City                          | (Please describe): _____ |
| <input type="checkbox"/> Lease of Space to or from the City           | (Please describe): _____ |
| <input type="checkbox"/> City License, Permit, or Entitlement for Use | (Please describe): _____ |
| <input type="checkbox"/> Other Financial Interest                     | (Please describe): _____ |
| <input type="checkbox"/> Pending Financial Interest                   | (Please describe): _____ |
| <input checked="" type="checkbox"/> No Financial Interest             |                          |

\*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 Walton  
 Address Broadway SF  
1182 Market St. Ste. 200  
 City, State Zip SF CA 94102  
 Phone 415 551-2052  
 E-mail SCOTTWALTON@THEAMBASSADORS.COM

**IN-KIND GIFT**

Description of Item(s) Donated	Condition	Quantity	Approximate Value*
<u>60 tickets to Harry Potter play</u>	<u>New</u>	<u>60</u>	<u>\$99 each</u>

**Proposed Use of Gift:**

\_\_\_\_\_  
Scott Walton \_\_\_\_\_  
 \_\_\_\_\_ 3-1-22 \_\_\_\_\_

**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.

<input type="checkbox"/> <b>CASH DONATION</b> <u>trade</u>	<b>Accounting Use Only:</b>
<input type="checkbox"/> <b>CHECK #</b> <u>          </u> <b>AMOUNT</b> <u>          </u> <i>Attach a copy of check(s) above</i>	<b>Dept Code :</b> <u>207690</u>
<input type="checkbox"/> <b>ON-LINE DONATION</b> <b>AMOUNT</b> <u>          </u>	<b>Fund Code:</b> <u>22150</u>
	<b>Auth Code:</b> <u>10001</u>
	<b>Project Code:</b> <u>10000321</u>
	<b>Activity Code:</b> <u>0001</u>
	<b>Account Code:</b> <u>478101</u>

**Volunteer Services Use Only:**

Date: \_\_\_\_\_ In-kind Gift, Fair Market  
 Donated items were left in front of office Value (Documentation attached): \$ 99 each  
 Donated items were received in person by: Zoe Harris (print name)  
 Acknowledgement letter and copy of Gift Receipt Form sent to donor (if address known)