


Behested Payment Report

A Public Document


Behested Payment Report

1. Elected Officer or CPUC Member <i>(Last name, First name)</i>		Date Stamp	California Form 803 For Official Use Only
Lee, Edwin M.		2013 JUL 11 AM 10:42	
Agency Name			
Office of the Mayor			
Agency Street Address			
City Hall, Room 200, 1 Dr. Carlton B. Goodlett Place, S.F., CA 94102			
Designated Contact Person <i>(Name and title, if different)</i>			
Olga A. Ryerson			
Area Code/Phone Number	E-mail <i>(Optional)</i>	<input type="checkbox"/> Amendment <i>(See Part 5)</i>	
(415) 554-6910	olga.ryerson@sfgov.org	Date of Original Filing: _____ <i>(month, day, year)</i>	

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

San Francisco Waterfront Partners I, LLC			
Name			
			
Address		City	State
		San Francisco	CA
			94111

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

America's Cup Organizing Committee (ACOC)			
Name			
			
Address		City	State
		San Francisco	CA
			94133

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

Date of Payment: 06/12/2013 Amount of Payment: *(In-Kind FMV)* \$ \$10,000
(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: Check

Purpose: *(Check one and provide description below.)* ☐ Legislative ☒ Governmental ☐ Charitable

Describe the legislative, governmental, charitable purpose, or event: America's Cup Organizing Committee
(ACOC) - To help pay for costs associated with the City hosting the San Francisco America's Cup.

5. Amendment Description 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 July 10, 2013
DATE

By 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER