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1. Elected Officer or CPU	C Member (Last name, F	irst name)	Date Stamp	California 80	
Lee, Edwin M.	out of the second secon	Annual Control of the		Form For Official Use Only	
Agency Name		2013	UL 11 A1110:43	1 of Official Ose Offiy	
Office of the Mayor Agency Street Address			THE REPORT OF THE		
•		Ę. T	ALDS COMMISSION		
City Hall, Room 200, 1 Dr.					
Designated Contact Person (Name and title, if different)			Amendment (See Par	Amendment (See Part 5)	
Olga A. Ryerson Area Code/Phone Number					
			Date of Original Filing: _	(month, day, year)	
(415) 554-6910	olga.ryerson@sfgov.				
2. Payor Information (For a	dditional payors, include an a	ittachment with the names an	d addresses.)		
John D. Goldman					
Name		6 F .			
Address		San Francisco	CA State	94105	
3. Payee Information (For a				Zip Code	
	adilional payeos, molade an i	allucinnent with the names an	iu auuresses.)		
America's Cup Organizing	Committee (ACOC)				
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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	By
	DATE	SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

FPPC Form 803 (December/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)