

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Lee, Edwin M.		Date Stamp 2013 JUL 11 AM 10:45	California Form 803 For Official Use Only
Agency Name Office of the Mayor		SAN FRANCISCO ETHICS COMMISSION	
Agency Street Address City Hall, Room 200, 1 Dr. Carlton B. Goodlett Place, S.F., CA 94102			<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ (month, day, year)
Designated Contact Person (Name and title, if different) Olga A. Ryerson			
Area Code/Phone Number (415) 554-6910	E-mail (Optional) olga.ryerson@sfgov.org		

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

Blum Family Foundation

Name

Address: [Redacted] San Francisco CA 94133

City State Zip Code

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

America's Cup Organizing Committee (ACOC)

Name

Address: [Redacted] San Francisco CA 94133

City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 06/24/2013 (month, day, year) Amount of Payment: (In-Kind FMV) \$ \$10,000.00 (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 [Redacted] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER