

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)

Lee, Edwin M.

Date Stamp

California Form 803

For Official Use Only

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 (Name and title, if different)

Olga A. Ryerson

BY

☐ Amendment (See Part 5)

Area Code/Phone Number

(415) 554-6910

E-mail (Optional)

olga.ryerson@sfgov.org

Date of Original Filing:

(month, day, year)

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

Kilroy Realty Corporation

Name

[REDACTED]

San Francisco

CA

94105

Address

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

[REDACTED]

San Francisco

CA

94133

Address

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) \$ \$500,000.00
(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

SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER