

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member <i>(Last name, First name)</i>		Date Stamp	California 803 Form For Official Use Only
Lee, Edwin M.		2013 JUL 11 AM 10:44 SAN FRANCISCO ETHICS COMMISSION	
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>		<input type="checkbox"/> Amendment <i>(See Part 5)</i>	
Olga A. Ryerson		BY _____ Date of Original Filing: _____ <i>(month, day, year)</i>	
Area Code/Phone Number	E-mail <i>(Optional)</i>		
(415) 554-6910	olga.ryerson@sfgov.org		

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

Yin McDonald's

Name

Address

Vacaville CA 95687

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

San Francisco CA 94133

City State Zip Code

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

Date of Payment: 06/24/2013 Amount of Payment: *(In-Kind FMV)* \$ \$10,000.00

(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 By _____
DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER