| 4 FL (LOSS: ODLI | | | | |
|---|---|--|--|--------------------------------|
| | C Member (Last name, Fi | rst name) | Date Stamp | California 802 |
| Lee, Edwin M. | | | * * * | For Official Use Only |
| Agency Name | | 7 | 0 3 JUL 11 AH 10: 4 | For Official Ose Offiy |
| Office of the Mayor | | | C. to S. S. Compression | |
| Agency Street Address | | | THUS COMMISSION | |
| City Hall, Room 200, 1 Dr. | | ce, S.F., CA 94102 | | |
| Designated Contact Person | (Name and title, if different) | Amendment (See Part 5 | 5) | |
| Olga A. Ryerson | · | | Data of Ovininal Eilings | |
| Area Code/Phone Number | E-mail (Optional) | | Date of Original Filing: | (month, day, year) |
| (415) 554-6910 | olga.ryerson@sfgov.o | org | | |
| 2. Payor Information (For a | dditional payors, include an ai | ttachment with the names an | nd addresses.) | |
| SFBA LLC | | | | |
| Name | skirraliteksiyosen kalan esikenisen ten 17 kirriyya bibbana habasin malajah kupika e 1920-teksi e e tibban 100-100 | | | |
| | | San Francisco | CA | 94107 |
| Address | | City | State | Zip Code |
| Name | | San Francisco | CA | 94133 |
| Address | | City | State | Zip Code |
| | omplete all information | City | State | Zip Code |
| I. Payment Information _{(C.} | | | | Zip Code |
| 1. Payment Information (Co. | 2/2013 Amou | City unt of Payment: (In-Kind | _{FMV)} \$ \$10,000.00 | |
| 1. Payment Information (Co. Date of Payment: | 2/2013 day, year) Amou | unt of Payment: (In-Kind | FMV) \$ \$10,000.00 (Round to whole do | ollars.) |
| 1. Payment Information (Co. Date of Payment: | 2/2013 Amou | unt of Payment: (In-Kind | _{FMV)} \$ \$10,000.00 | ollars.) |
| 1. Payment Information (Co. Date of Payment: | 2/2013 day, year) Amou | unt of Payment: (In-Kind | FMV) \$ \$10,000.00 (Round to whole do | ollars.) |
| 1. Payment Information (C) Date of Payment: 07/0/(month) Payment Type: | 2/2013 day, year) Amou | unt of Payment: (In-Kind | FMV) \$ \$10,000.00 (Round to whole do | ollars.) |
| Payment Information (C) Date of Payment: 07/03 (month, payment Type: 5) Brief Description of In-Kin | 2/2013 Amoundary Payment: Check | unt of Payment: (In-Kind or ☐ In-Kind | FMV) \$ \frac{\$10,000.00}{(Round to whole do Goods or Services (Provide of Goods) | ellars.) escription below.) |
| 1. Payment Information (C) Date of Payment: 07/0/(month) Payment Type: | 2/2013 Amoundary Payment: Check | unt of Payment: (In-Kind o | FMV) \$\frac{\$10,000.00}{(Round to whole do goods or Services (Provide of the content of the cont | escription below.) |
| Payment Information (C) Date of Payment: 07/03 (month, payment Type: 5) Brief Description of In-Kin | 2/2013 Amount A | or ☐ In-Kind | FMV) \$ \frac{\$10,000.00}{(Round to whole do ground to ground | escription below.) |
| Payment Information (C) Date of Payment: 07/02 (month, Payment Type: 2 Brief Description of In-Kin Purpose: (Check one and provide Describe the legislative, g | Amoundary, year) Monetary Donation Magnetary Donation Check description below.) Leg governmental, charitals | or ☐ In-Kind | FMV) \$ \frac{\$10,000.00}{(Round to whole do and to whole do and to whole do and | escription below.) |
| Payment Information (C) Date of Payment: 07/02 (month, Payment Type: 2 Brief Description of In-Kin Purpose: (Check one and provide Describe the legislative, g (ACOC) - To help pay for c | Amoundary, year) Monetary Donation May rear Donation A Payment: Check Adescription below. Legovernmental, charitals Costs associated with the | or ☐ In-Kind | FMV) \$ \frac{\$10,000.00}{(Round to whole do and to whole do and to whole do and | escription below.) |
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| Payment Information (C) Date of Payment: 07/02 (month, Payment Type: 2 Brief Description of In-Kin Purpose: (Check one and provide Describe the legislative, g (ACOC) - To help pay for c | Amoundary, year) Monetary Donation May rear Donation A Payment: Check Adescription below. Legovernmental, charitals Costs associated with the | or ☐ In-Kind | FMV) \$ \frac{\$10,000.00}{(Round to whole do and to whole do and to whole do and | escription below.) |
| Payment Information (C) Date of Payment: 07/02 (month, Payment Type: 2 Brief Description of In-Kin Purpose: (Check one and provide Describe the legislative, g (ACOC) - To help pay for c | Amoundary, year) Monetary Donation May rear Donation A Payment: Check Adescription below. Legovernmental, charitals Costs associated with the | or ☐ In-Kind | FMV) \$ \frac{\$10,000.00}{(Round to whole do and to whole do and to whole do and | escription below.) |

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 | Bv | | |
|-------------|---------------|----------|---|--|
| | DATE | <u> </u> | SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER | |