

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)
 Lee, Edwin M.
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
Area Code/Phone Number | **E-mail** (Optional)
 (415) 554-6910 | olga.ryerson@sfgov.org

Date Stamp
 2013 AUG -7 PM 4:16
 SAN FRANCISCO
 ELECTIONS COMMISSION

Amendment (See Part 5)
Date of Original Filing: _____
 (month, day, year)

California 803
Form
 For Official Use Only

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
 AT&T
 Name
 [Redacted]
 Address
 San Francisco CA 94105
 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]
 Address
 San Francisco CA 94133
 City State Zip Code

4. Payment Information (Complete all information.)
Date of Payment: 07/26/2013 (month, day, year) **Amount of Payment:** (In-Kind FMV) \$ \$25,000 (Round to whole dollars.)
Payment Type: Monetary Donation or In-Kind Goods or Services (Provide description below.)
Brief Description of In-Kind Payment: _____
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 August 6, 2013 DATE
 By [Redacted Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER