

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 SEP 10 AM 11:03	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			
Designated Contact Person (Name and title, if different) Olga A. Ryerson		<input type="checkbox"/> 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.)

Oracle Team USA
Name

Address: [Redacted] San Francisco CA 94124
City State Zip Code

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

Treasure Island Sailing Center (TISC)
Name

Address: [Redacted] San Francisco CA 94130
City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 09/06/2013 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 50,000 (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: Non-profit organization benefitting at-risk youths.

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 September 9, 2013 DATE

By [Redacted Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER