Behested Payment Report — A Public Document

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
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ETHICS COMMISSION

California Form 803
For Official Use Only

☐ **Amendment** *(See Part 5)*

Date of Original Filing: _____ *(month, day, year)*

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

Pincus Family Fund via Silicon Valley Community Foundation
Name

[redacted] | Mountain View | CA | 94040
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 | 94111
Address | City | State | Zip Code

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

Date of Payment: 11/22/2013 *(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 November 27, 2013 (DATE) By [redacted] (SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER)