

Behested Payment Report

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FILED Behested Payment Report California Form 803 For Official Use Only

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 (415) 554-6910 E-mail (Optional) olga.ryerson@sfgov.org

Date Stamp 14 JAN -6 SAN FRANCISCO ETHICS COMMISSION BY [Signature] 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.) Whittier Trust Company / Davies Charitable Trust Name Address South Pasadena CA 91030 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 94111 City State Zip Code

4. Payment Information (Complete all information.) Date of Payment: 12/17/2013 Amount of Payment: \$10,000 Payment Type: [X] Monetary Donation or [] In-Kind Goods or Services Brief Description of In-Kind Payment: Purpose: [] Legislative [X] 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 January 6, 2014 By [Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER