

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		Date Filing: FILED 14 JAN -6 PM 3:59 SAN FRANCISCO ETHICS COMMISSION	California Form 803 For Official Use Only
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)		<input type="checkbox"/> Amendment (See Part 5)	
Olga A. Ryerson		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail (Optional)		
(415) 554-6910	olga.ryerson@sfgov.org		

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

Name: Laura King Pfaff

Address: [Redacted] San Francisco CA 94109

City: San Francisco State: CA Zip Code: 94109

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

Name: America's Cup Organizing Committee (ACOC)

Address: [Redacted] San Francisco CA 94111

City: San Francisco State: CA Zip Code: 94111

4. Payment Information (Complete all information.)

Date of Payment: 12/20/2013 (month, day, year) Amount of Payment: (In-Kind FMV) \$ \$1,000 (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 January 6, 2014 DATE By [Redacted Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER