2000000	ehested Payment Re	port	A Public Docur	nent	Behested Payment Repor		
1.	Elected Officer or CPUC	C Member (Last name	e, First name)	Date Stamp	California 803		
	Lee, Edwin M.						
	Agency Name		14 JAN 17	PM F2: Official Use Only			
	Office of the Mayor		SANFRA	NCISCO			
	Agency Street Address		ETMICS CO	HMISSION			
	City Hall, Room 200, 1 Dr.						
	Designated Contact Person	Name and title, if differen	Amendment (See Part 5)				
	Olga A. Ryerson		Date of Original Filing:				
	Area Code/Phone Number	E-mail (Optional)		bate or original rining.	(month, day, year)		
pastions	(415) 554-6910	olga.ryerson@sfgc					
2.	Payor Information (For additional payors, include an attachment with the names and addresses.)						
	Blum Family Foundation						
	Name						
	All		San Francisco	CA	94133		
B00000	Address		City	State	Zip Code		
3.	Payee Information (For additional payees, include an attachment with the names and addresses.)						
			an accommon man and mannes a	na addresses.)			
	America's Cup Organizing	Committee (ACOC)	arranas a	nu addresses.)			
	America's Cup Organizing	Committee (ACOC)		nu autresses.)	,,,,,,,, .		
	Name	Committee (ACOC)	San Francisco	CA	94111		
<b>Incressor</b>	Name Address				94111 Zip Code		
<b>Incressor</b>	Name	omplete all information.)	San Francisco <sup>City</sup>	CA State	Zip Code		
<b>Incressor</b>	Address  Payment Information (Co	omplete all information.)	San Francisco <sup>City</sup>	CA State	Zip Code		
<b>Incressor</b>	Name Address	omplete all information.)	San Francisco <sup>City</sup>	CA	Zip Code		
<b>Incressor</b>	Address  Payment Information (Co.)  Date of Payment: 1/1 (month,	omplete all information.)	San Francisco City nount of Payment: (In-Kind	CA State	Zip Code		
<b>Incressor</b>	Address  Payment Information (Co.)  Date of Payment: 1/1 (month,	omplete all information.) 0/14 An day, year) [] Monetary Donation	San Francisco City nount of Payment: (In-Kind	CA State  #FMV) \$ 25,000 (Round to whole of	Zip Code		
<b>Incressor</b>	Address  Payment Information (Co  Date of Payment: 1/1 (month,  Payment Type:	omplete all information.) 0/14 An day, year) [] Monetary Donation	San Francisco City nount of Payment: (In-Kind	CA State  #FMV) \$ 25,000 (Round to whole of	Zip Code		
<b>Incressor</b>	Address  Payment Information (Co  Date of Payment: 1/1 (month,  Payment Type:	omplete all information.) 0/14 An day, year)	San Francisco City  nount of Payment: (In-Kind	CA State  #FMV) \$ \frac{25,000}{(Round to whole of the continuous	Zip Code  dollars.)  description below.)		
<b>Incressor</b>	Payment Information (Control Date of Payment: 1/1 (month), Payment Type:   Brief Description of In-King	omplete all information.)  0/14 An day, year)  1 Monetary Donation  1 Payment:  description below.)	San Francisco  City  nount of Payment: (In-Kind  n or □ In-Kind  Legislative ☒ Gove	CA State  #FMV) \$ 25,000  (Round to whole of the control of the co	Zip Code  dollars.)  description below.)		
<b>Incressor</b>	Payment Information (Control Date of Payment: 1/1 (month), Payment Type:  Brief Description of In-King	omplete all information.)  0/14 Anday, year)  3 Monetary Donation  1d Payment:  description below.)	San Francisco  City  nount of Payment: (In-Kind  n or	CA State  25,000 (Round to whole of Goods or Services (Provide Provide Goods or Services)  ernmental	Zip Code  dollars.)  description below.)  itable izing Committee		

## 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 16, 2014	Bv	
	DATE		SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER