Behested Payment Report		A Public Docume	ent Was	Behested Payment Report
1. Elected Officer or CPUC Member (Last name		First name)	Date Stamp	California 803
Lee, Edwin M.				Form For Official Use Only
Agency Name			14 FFR 1	2 PM 2: 35
Office of the Mayor  Agency Street Address				
City Hall, Room 200, 1 Dr. Carlton B. Goodlett Place, S.F., CA 94102			SAN F FTRICS	rancisuo Commission
Designated Contact Person (Name and title, if different)				
Olga A. Ryerson			Amendment (See Part 5)	
Area Code/Phone Number E-mail (Optional)			Date of Original Filing: (month, day, year)	
(415) 554-6910	olga.ryerson@sfgov	.org		
2. Payor Information (For addi	itional payors, include an	attachment with the names and	addresses.)	
John and Marcia Goldman Fo	oundation		- Control of the Cont	
		San Francisco	CA	94105
Address		City	State	Zip Code
3. Payee Information (For addi	itional payees, include an	attachment with the names and	addresses.)	
America's Cup Organizing Co	ommittee (ACOC)			
Name				0.1.1.1
Address	Short and the state of the stat	San Francisco	CA State	94111 Zip Code
4. Payment Information (Comp	<b>*</b>			
Date of Payment: 1/21/2 (month, da  Payment Type: ⊠    Brief Description of In-Kind	y, year) Monetary Donation	<del></del>	(Round to whole do	
Purpose: (Check one and provide de Describe the legislative, go (ACOC) - To help pay for cos	vernmental, charita		America's Cup Organiz	
5. Amendment Description	or Comments			
6. Verification				
I certify, under penalty of perjury herein is true and complete.	under the laws of the S	State of California, that to the	best of my knowledge, the	information contained
Executed on February 1		SIGNATUR	E OF SCECTED OFFICER OR CPUC N	MEMBER