

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> Port of San Francisco		Date Stamp	California Form <b>801</b> For Official Use Only
Division, Department, or Region (if applicable)			
Executive			
Street Address Pier 1, The Embarcadero			
Area Code/Phone Number 415-274-0400	Email sfport.com	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Monique Moyer, Executive Director			

2. Donor Name and Address

Individual \_\_\_\_\_  Other James R. Herman Memorial Committee

\_\_\_\_\_ Last Name First Name \_\_\_\_\_ Name

4 Berry Street \_\_\_\_\_ San Francisco \_\_\_\_\_ CA \_\_\_\_\_ 94107

Address City State Zip Code

A memorial fund for a memorial installation at the James R. Herman Cruise Terminal at Pier 27.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

\_\_\_\_\_ Location of Travel \_\_\_\_\_ Dates (month, day, year)

\_\_\_\_\_  Rail  Air  Bus  Auto  Other \_\_\_\_\_

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:

7/31/2014 \$ 250,000.00

Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

The James R. Herman Memorial Committee is donating a James R. Herman memorial installation to the Port of San Francisco for public display at the James R. Herman Cruise Terminal at Pier 27. The \$250,000 payment represents the in-kind value of the James R. Herman memorial installation.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Monique Moyer Monique Moyer Executive Director 01/15/14

Signature Print Name Title (month, day, year)

Comment:

(Use this space or an attachment for any additional information)