1. Agency Name

Americas Cup Organizing Committee

Division, Department, or Region (if applicable)

Street Address
Pier 1, The Embarcadero

Area Code/Phone Number

Email

Agency Contact (name and title)
Kyri McClellan, CEO

2. Donor Name and Address

☐ Individual

Last Name
First Name

☐ Other

Name

Address
City
State
Zip Code

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
</table>

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)

Transportation Provider

☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other

Check Applicable Boxes

$Lodging Expenses $Meal Expenses $Transportation Expenses $Other Expenses $Total Expenses

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

Dates (month, day, year) $Total Expenses

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

Contribution for Eight Benches in Northeast Wharf Plaza, Donor recognition wall, and Donor Plaque at the James Herman Cruise Terminal.

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
<th>Department/Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Position/Title</td>
<td>Department/Division</td>
</tr>
</tbody>
</table>

4. Verification

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

Monique Moyer
Executive Director

Signature
Print Name

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

FPPC Form 801 (Jan/14)
advice@fppc.ca.gov