

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

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

Date Stamp

California Form 801

For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

Americas Cup Organizing Committee

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:

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)

Transportation Provider

Rail

Air

Bus

Auto

Other

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:

Dates (month, day, year)

\$ 211,829.52

Total Expenses

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

Contribution for Americas Cup 34 Electricity usage charges due to the PUC.

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 (Signature)

Monique Moyer (Print Name)

Executive Director (Title)

01/12/2015 (Date)

Comment

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