Payment to Agency Report

1. Agency Name
   Americas Cup Organizing Committee
   Division, Department, or Region (if applicable)
   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  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
      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)  $ 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.
   Signature  Print Name  Title
   Monique Moyer  Executive Director
   0/12/2015 (month, day, year)
   Comment
   (Use this space or an attachment for any additional information)

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