# Payment to Agency Report

**A Public Document**

## 1. Agency Name
- Port of San Francisco
- Executive
- Pier 1, The Embarcadero
- Area Code/Phone Number: 415-274-0400
- Email: sfport.com
- Agency Contact (name and title): Monique Moyer, Executive Director

## 2. Donor Name and Address
- Individual
- Last Name: __________ First Name: __________ Date: __________
- Address: 4 Berry Street, San Francisco, CA 94107
- 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:

<table>
<thead>
<tr>
<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

- Transportation Provider: __________
- Rail: __________ Air: __________ Bus: __________ Auto: __________ Other: __________
- Dates (month, day, year): __________
- Location of Travel: __________
- 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.

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Tite</th>
<th>Department/Division</th>
</tr>
</thead>
</table>

## 4. Verification

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

Monique Moyer
Executive Director
01/15/14

Comment: __________

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