

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)

Sandra Genis

Date Stamp

California Form 803

For Official Use Only

Agency Name

City of Costa Mesa

Agency Street Address

77 Fair Dr.

Designated Contact Person (Name and title, if different)

Jennifer Christ

Amendment (See Part 5)

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

Area Code/Phone Number

714-754-5347

E-mail (Optional)

jennifer.christ@costamesaca.gov

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

CJ Segerstrom and Sons

Name

3315 Fairview Rd. Costa Mesa CA 92626

Address

City

State

Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

Costa Mesa Chamber of Commerce

Name

1700 Adams Ave. #101 Costa Mesa CA 92626

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 3/19/18 Amount of Payment: (In-Kind FMV) \$ 20,000.00

(month, day, year)

(Round to whole dollars.)

Payment Type: Monetary Donation or In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment:

Purpose: (Check one and provide description below.) Legislative Governmental Charitable

Describe the legislative, governmental, charitable purpose, or event: For charity dinner to fund arts programs

5. Amendment Description and/or Comments

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 3/19/2019 DATE

By [Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER