

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) <u>Sandra Genis</u>		Date Stamp	California Form 803 For Official Use Only
Agency Name <u>City of Costa Mesa</u>			
Agency Street Address <u>77 Fair Drive, Costa Mesa</u>			
Designated Contact Person (Name and title, if different) <u>Jennifer Christ</u>		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number <u>714-754-5347</u>	E-mail (Optional) <u>jennifer@christ@costamesaca.gov</u>	Date of Original Filing: _____ (month, day, year)	

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

Jones and Mayer
Name

3777 N. Harbor Blvd. Fullerton CA 92835
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: 4/30/18 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 10,000 (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: To fund charity dinner benefiting 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 15 Sep 2019 DATE By _____ SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER