

Behested Payment Report

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Behested Payment Report

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

Stephens, John

Date Stamp

19 JUL 16 PM 4:05

California Form 803

For Official Use Only

Agency Name

City of Costa Mesa

CITY OF COSTA MESA
BY

Agency Street Address

17 Fair Dr.

Designated Contact Person (Name and title, if different)

Jennifer Christ

Amendment (See Part 5)

Area Code/Phone Number

E-mail (Optional)

Date of Original Filing:

(month, day, year)

714-754-5347

jennifer.christ@costamesa.ca.gov

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

C.J. Segerstrom

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.)

Name

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment:

6/19/2019
(month, day, year)

Amount of Payment: (In-Kind FMV) \$

5,000
(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:

For a community celebration on July 3, 2019

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

7/16/19
DATE

By

[Redacted Signature]

SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER