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A Public Document CITY CLERK Behested Payment Report

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) <u>Stephens, John</u>		Date Stamp <u>19 JUL 16 PM 4:00</u>	California Form 803 For Official Use Only
Agency Name <u>City of Costa Mesa</u>		CITY OF COSTA MESA BY _____	
Agency Street Address <u>77 Fair Dr. Costa Mesa</u>			<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ <small>(month, day, year)</small>
Designated Contact Person (Name and title, if different) <u>Jennifer Christ</u>			
Area Code/Phone Number <u>714-754-5347</u>	E-mail (Optional) <u>jennifer.christ@costamesaca.gov</u>		

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

Name: Keller Anderte

Address: 19300 VonKarman Ave. Suite 930, Irvine, CA 92612

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: 6/7/2019 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 7,500 (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 of 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  SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER