

Behested Payment Report

A Public Document

Behested Payment Report

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CITY CLERK

California Form 803

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

Stephens, John

Date Stamp

19 JUL 12 PM 2: 55

For Official Use Only

Agency Name

City of Costa Mesa

Agency Street Address

77 Fair Drive

CITY OF COSTA MESA
BY _____

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@costamesa.ca.gov

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

The Triangle

Name

1870 Harbor Blvd.

Address

Costa Mesa

City

CA

State

92627

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:

6/11/2019

(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:

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

07/16/19

DATE

By

[Redacted Signature]

SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER