

Behested Payment Report

A Public Document

Behested Payment Report

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2017 MAR 14 AM 8:33  
CITY OF WEST COVINA  
CITY CLERK'S OFFICE

1. Elected Officer or CPUC Member (Last name, First name)  
 WU, TONY  
 Agency Name  
 CITY OF WEST COVINA  
 Agency Street Address  
 1444 WEST GARVEY AVENUE, WEST COVINA, CA 91790  
 Designated Contact Person (Name and title, if different)  
 CHRIS FREELAND (CITY MANAGER)  
 Area Code/Phone Number | E-mail (Optional)  
 626-939-8401

Amendment (See Part 5)  
 Date of Original Filing: \_\_\_\_\_  
 (month, day, year)

2. Payor Information (For additional payors, include an attachment with the names and addresses.)  
 THE MCINTYRE COMPANY  
 Name  
 370 EAST ROWLAND STREET | COVINA | CA | 91723  
 Address | City | State | Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)  
 COVINA VALLEY UNIFIED SCHOOL DISTRICT  
 Name  
 519 EAST BADILLO STREET | COVINA | CA | 91723  
 Address | City | State | Zip Code

4. Payment Information (Complete all information.)  
 Date of Payment: 2/21/17 Amount of Payment: (In-Kind FMV) \$ 5,000.00  
 (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: DONATION FOR SHOP LOCAL AFTER SCHOOL PROGRAM.

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 3/14/17 By [Signature]  
 DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER