

Behested Payment Report

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Behested Payment Report

California Form 803

For Official Use Only

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

Date Stamp

2017 MAR 14 AM 8:33

CITY OF WEST COVINA
CITY CLERK'S OFFICE

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.)

WEST COVINA UNIFIED SCHOOL DISTRICT
Name

1717 WEST MERCED AVENUE WEST COVINA CA 91790
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

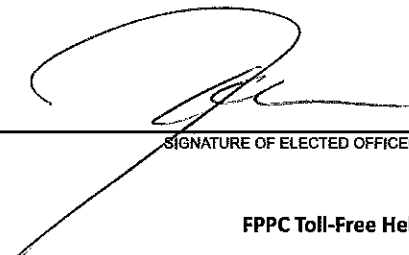
Describe the legislative, governmental, charitable purpose, or event: DONATION FOR SHOP LOCAL AFTER SCHOOL PROGRAM.

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
DATE

By 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER