

Behested Payment Report

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Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) WU, TONY		Date Stamp 2017 MAR 14 AM 6:38 CITY OF WEST COVINA CITY CLERK'S OFFICE	California Form 803 For Official Use Only
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)		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number 626-939-8401	E-mail (Optional)	Date of Original Filing: _____ (month, day, year)	

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

EDI MEDIA, INC.
Name

1773 WEST SAN BERNARDINO ROAD WEST COVINA CA 91790
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: 3/7/17 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: _____

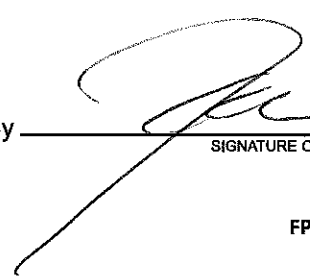
Purpose: (Check one and provide description below.) Legislative Governmental Charitable

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  _____
DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER