

Behested Payment Report

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Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) WU, TONY Agency Name		Date Stamp 2017 APR -6 AM 8: 2	California Form 803 For Official Use Only
CITY OF WEST COVINA Agency Street Address		CITY OF WEST COVINA CITY CLERK'S OFFICE	
1444 WEST GARVEY AVENUE 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.)

VEN. HAI XIN (XUAN ZHANG MEDITATION MONASTERY)
Name

1140 SOUTH SPRING MEADOW DR. WEST COVINA CA 91791
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: 04/07/17 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 5,000.00 (Round to whole dollars.)

Payment Type: Monetary Donation or In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: SHOP LOCAL AFTER SCHOOL PROGRAM

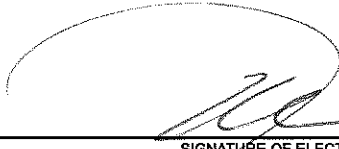
Purpose: (Check one and provide description below.) Legislative Governmental Charitable

Describe the legislative, governmental, charitable purpose, or event: _____

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 04/07/17 DATE By  SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER