

Behested Payment Report

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Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		Date Stamp	California 803 Form For Official Use Only
WU, TONY		2017 AUG 17 AM 10:05	
Agency Name		CITY OF WEST COVINA CITY CLERK'S OFFICE	
CITY OF WEST COVINA			
Agency Street Address			
1444 WEST GARVEY AVENUE, WEST COVINA, CA 91790			
Designated Contact Person (Name and title, if different)		<input type="checkbox"/> Amendment (See Part 5)	
CHRIS FREELAND (CITY MANAGER)		Date of Original Filing: _____	
Area Code/Phone Number	E-mail (Optional)	(month, day, year)	
626-939-8401			

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

LTG SOUTH HILLS LLC

Name

350 SOUTH GRAND AVENUE, SUITE 3950 LOS ANGELES CA 90071

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 MERCED AVENUE WEST COVINA CA 91790

Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 08/15/17 Amount of Payment: (In-Kind FMV) \$ 2,500

(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 08/15/17 By [Signature]

DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER