

Behested Payment Report

A Public Document

Behested Payment Report

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

Designated Contact Person (Name and title, if different)

CHRIS FREELAND, CITY MANAGER

Area Code/Phone Number

626-939-8401

E-mail (Optional)

RECEIVED

Date Stamp

2018 MAR -6 AM 11:49

CITY OF WEST COVINA
CITY CLERK'S OFFICE

California Form 803

For Official Use Only

Amendment (See Part 5)

Date of Original Filing: 2/27/18
(month, day, year)

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

AURIO LIGHTING

Name

5027 IRWINDALE AVENUE, SUITE 500

IRWINDALE

CA

91706

Address

City

State

Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

ROWLAND UNIFIED SCHOOL DISTRICT

Name

1830 NOGALES STREET

ROWLAND HEIGHTS

CA

91748

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 2/20/18
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 2,000
(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: SPONSORSHIP 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 2/27/18
DATE

By _____
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER