

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) WU, TONY		RECEIVED Date Stamp 2018 MAR -6 AM 11:49 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		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: <u>2/27/18</u> <small>(month, day, year)</small>	
Designated Contact Person (Name and title, if different) CHRIS FREELAND, CITY MANAGER			
Area Code/Phone Number 626-939-8401	E-mail (Optional)		

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.)

COVINA VALLEY UNIFIED SCHOOL DISTRICT

Name	519 EAST BADILLO AVENUE	COVINA	CA	91723
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

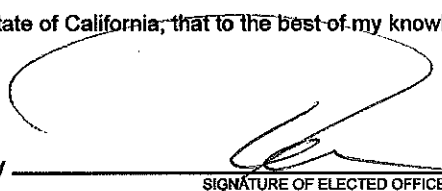
Describe the legislative, governmental, charitable purpose, or event: SPONSORSHIP FOR SHOP LOCAL AFTER SCHOOL PROGRAM

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