

Behested Payment Report

A Public Document

Behested Payment Report

<b>1. Elected Officer or CPUC Member</b> (Last name, First name) WU, TONY		Date Stamp 2018 MAR -6 AM 11:49	<b>California Form 803</b> For Official Use Only
<b>Agency Name</b> CITY OF WEST COVINA		CITY OF WEST COVINA CITY CLERK'S OFFICE	
<b>Agency Street Address</b> 1444 WEST GARVEY AVENUE			<input type="checkbox"/> <b>Amendment</b> (See Part 5) <b>Date of Original Filing:</b> <u>2/27/18</u> <small>(month, day, year)</small>
<b>Designated Contact Person</b> (Name and title, if different) CHRIS FREELAND, CITY MANAGER			
<b>Area Code/Phone Number</b> 626-939-8401	<b>E-mail</b> (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.)

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:** 2/20/18                      **Amount of Payment:** (In-Kind FMV) \$ 2,000  
(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:** SPONSORSHIP FOR SHOP LOCAL AFTER SCHOOL PROGRAM

**5. Amendment Description and/or Comments**

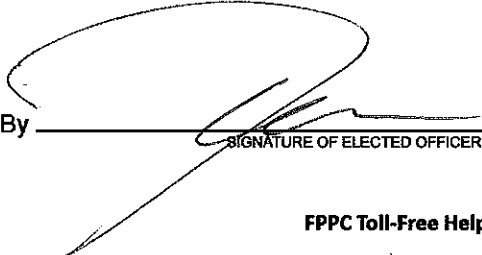
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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                      By  \_\_\_\_\_  
DATE    SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER