Behested Payment Re	eport	A Public Docume		Behested Payment Report
1. Elected Officer or CPUC WU, TONY	C Member (Last name,			California 803
Agency Name CITY OF WEST COVINA			18 OCT 23 AM 10: 2	For Official Use Only
Agency Street Address 1444 WEST COVINA			TY OF WEST COVIN	
Designated Contact Person CHRIS FREELAND, CITY)	Amendment (See Part 5) 10/23/18
Area Code/Phone Number 626-939-8401	E-mail (Optional) CHRIS.FREELAND	@WESTCOVINA.ORG	Date of Original Filing:	(month, day, year)
2. Payor Information (For all 85C BAKERY	dditional payors, include an	attachment with the names and	addresses.)	
2626 EAST GARVEY AVE	NUE	WEST COVINA	CA State	91791 Zip Code
3. Payee Information (For a	dditional pavees include a	-	i	zip oodo
COVINA VALLEY UNIFIED				
Name 519 EAST BADILLO		COVINA	CA	91723
Address		City	State	Zip Code
Date of Payment:(month,	Monetary Donation	ount of Payment: (In-Kind Fi	MV) \$ (Round to whote do	
Purpose: (Check one and provide Describe the legislative, g	. , , , , , , , , , , , , , , , , , , ,	egislative ☐ Gover able purpose, or event:	nmental ⊠ Charit DONATION FOR AFT	
5. Amendment Description	on and/or Commer	nts		
6. Verification				
	an considerable and the second second	Ohaha af Oalifamila if all in	. hand of many times at the comment	to form a training
I certify, under penalty of perjuing therein is true and complete.	y under the laws of the	State of California, that to the	e pest or my knowledge, the	intormation contained
Executed on10/2	23/18	Ву		
	DATE	SIGNATU	RE OF ELECTED OFFICER OR CPUC N	MEMBER