

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) <u>Sandra Genis</u>		Date Stamp	California 803 Form For Official Use Only
Agency Name <u>City of Costa Mesa</u>			
Agency Street Address <u>77 Fair Drive, Costa Mesa</u>			
Designated Contact Person (Name and title, if different) <u>Jennifer Christ</u>		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number <u>714-754-5347</u>	E-mail (Optional) <u>jennifer.christ@costamesaca.gov</u>	Date of Original Filing: _____ (month, day, year)	

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

SakioK9 Company

Name <u>SakioK9 Company</u>	Address <u>14850 Sunflower Ave.</u>	City <u>Santa Ana</u>	State <u>CA</u>	Zip Code <u>92707</u>
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3. Payee Information (For additional payees, include an attachment with the names and addresses.)

Costa Mesa Chamber of Commerce

Name <u>Costa Mesa Chamber of Commerce</u>	Address <u>1700 Adams Ave. #101</u>	City <u>Costa Mesa</u>	State <u>CA</u>	Zip Code <u>92626</u>
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4. Payment Information (Complete all information.)

Date of Payment: 4/3/10 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 5000.00 (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: For Charity Dinner to fund arts programs

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 15 July 2011 DATE By _____ SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER