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Behested Payment Report

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1. Elected Officer or CPUC Member (Last name, First name) <u>Stephens John</u>		Date Stamp <u>19 JUL 16 PM 4:05</u>	California Form <b>803</b> For Official Use Only
Agency Name <u>City of Costa Mesa</u>		CITY OF COSTA MESA BY _____	
Agency Street Address <u>77 Fair Drive</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@costamesa.ca.gov</u>	Date of Original Filing: _____ (month, day, year)	

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

Name: The Chargers

Address: 3333 Susan St. City: Costa Mesa State: CA Zip Code: 92626

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Payment Information (Complete all information.)

Date of Payment: 6/26/2019 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 5,000 (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: A community celebration on July 3, 2019


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 7/16/19 DATE By  SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER