

RECEIVED
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Behested Payment Report

A Public Document

Behested Payment Report

California Form 803

For Official Use Only

1. Elected Officer or CPUC Member (Last name, First name)

Stephens, John

Date Stamp

19 JUL 16 PM 4: 05

Agency Name

City of Costa Mesa

CITY OF COSTA MESA

Agency Street Address

77 Fair Dr.

Designated Contact Person (Name and title, if different)

Jennifer Christ

Amendment (See Part 5)

Area Code/Phone Number

714-754-5347

E-mail (Optional)

jennifer.christ@costamesaca.gov

Date of Original Filing:

(month, day, year)

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

Travel Costa Mesa

Name

940 S. Coast Dr. #265 Costa Mesa CA 92626

Address

City

State

Zip Code

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:

5/23/2019

(month, day, year)

Amount of Payment: (In-Kind FMV) \$

10,000

(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:

celebration on July 3, 2019

For a community

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

[Redacted Signature]

SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER