

## Behested Payment Report

## A Public Document

Behested Payment Report

<b>1. Elected Officer or CPUC Member</b> <i>(Last name, First name)</i>		Date Stamp	<b>California Form 803</b> For Official Use Only
Benavides, David			
Agency Name		<input type="checkbox"/> Amendment <i>(See Part 5)</i> Date of Original Filing: <u>7/24/15</u> <i>(month, day, year)</i>	
City of Santa Ana			
Agency Street Address			
20 Civic Center Plaza			
Designated Contact Person <i>(Name and title, if different)</i>			
Area Code/Phone Number		E-mail <i>(Optional)</i>	
714-647-6900			

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

Caribou Industries

Name

1103 N. Broadway

Address

Santa Ana

City

CA

State

92701

Zip Code

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

KidWorks CDC

Name

1902 W. Chestnut Ave.

Address

Santa Ana

City

CA

State

92703

Zip Code

### 4. Payment Information *(Complete all information.)*

Date of Payment: 6/14/15  
*(month, day, year)*

Amount of Payment: *(In-Kind FMV)* \$ 15,000  
*(Round to whole dollars.)*

Payment Type:  Monetary Donation or  In-Kind Goods or Services *(Provide description below.)*

Brief Description of In-Kind Payment: full page advertisement in Orange County Register

Purpose: *(Check one and provide description below.)*  Legislative  Governmental  Charitable

Describe the legislative, governmental, charitable purpose, or event: provide public exposure for the non-profit work of KidWorks (after-school tutoring and mentoring for at-risk youth)

### 5. Amendment Description 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 7/24/2015  
DATE

By   
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER