

Behested Payment Report

A Public Document

Behested Payment Report

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

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

M F H

Name

1103 N. Broadway

Santa Ana

CA

92701

Address

City

State

Zip Code

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

KidWorks CDC

Name

1902 W. Chestnut Ave.

Santa Ana

CA

92703

Address

City

State

Zip Code

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

Date of Payment: 6/22/15
(month, day, year)

Amount of Payment: *(In-Kind FMV)* \$ 25,000
(Round to whole dollars.)

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

Brief Description of In-Kind Payment: contribution toward capital campaign

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

Describe the legislative, governmental, charitable purpose, or event: contribution toward community center

expansion to provide additional after-school tutoring and mentoring programs 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 David P. Benavides
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER