





Behested Payment Report

A Public Document

Behested Payment Report

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

Alex Padilla

Agency Name

Secretary of State

Agency Street Address

1500 11th Street, Sacramento, CA 95814

Designated Contact Person (Name and title, if different)

Area Code/Phone Number

(916) 653-7244

E-mail (Optional)

Date Stamp

California Form 803

For Official Use Only

Amendment (See Part 5)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

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

California Nurses Association Political Action Committee (CNA PAC)

Name

555 Capitol Mall, Suite 1425

Sacramento

CA

95814

Address

City

State

Zip Code

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

NALEO Educational Fund

Name

1122 W. Washington Blvd., 3rd Floor

Los Angeles

CA

90015

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 12/24/14  
(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: N/A

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

Describe the legislative, governmental, charitable purpose, or event: Inaugural activities

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 1/12/15  
DATE

By [Signature]  
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

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Secretary of State			
Agency Street Address			
1500 11th Street, Sacramento, CA 95814			
Designated Contact Person (Name and title, if different)		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number	E-mail (Optional)	Date of Original Filing: _____	
(916) 653-7244		(month, day, year)	

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

Dignity CA SEIU - United Long Term Care Workers Local 6434

Name

2910 Beverly Blvd. Los Angeles CA 90057

Address City State Zip Code

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

NALEO Educational Fund

Name

1122 W. Washington Blvd., 3rd Floor Los Angeles CA 90015

Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 12/24/14 Amount of Payment: (In-Kind FMV) \$ 10,000

(month, day, year) (Round to whole dollars.)

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

Brief Description of In-Kind Payment: N/A

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

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Secretary of State			
Agency Street Address			
1500 11th Street, Sacramento, CA 95814			
Designated Contact Person <i>(Name and title, if different)</i>			
Area Code/Phone Number	E-mail <i>(Optional)</i>		
(916) 653-7244			

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

Edison			
Name			
P.O. Box 700	Rosemead	CA	91770
Address	City	State	Zip Code

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

NALEO Educational Fund			
Name			
1122 W. Washington Blvd., 3rd Floor	Los Angeles	CA	90015
Address	City	State	Zip Code

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

Date of Payment: 12/29/14 Amount of Payment: *(In-Kind FMV)* \$ 10,000  
(month, day, year) (Round to whole dollars.)

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

Brief Description of In-Kind Payment: N/A

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

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Agency Street Address 1500 11th Street, Sacramento, CA 95814		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ <small>(month, day, year)</small>	
Designated Contact Person (Name and title, if different)			
Area Code/Phone Number (916) 653-7244	E-mail (Optional)		

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

California Professional Firefighters Ballot Issues Committee

Name

1780 Creekside Oaks, Suite 200 Sacramento CA 95833

Address City State Zip Code

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

NALEO Educational Fund

Name

1122 W. Washington Blvd., 3rd Floor Los Angeles CA 90015

Address City State Zip Code

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Brief Description of In-Kind Payment: N/A

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Designated Contact Person (Name and title, if different)			
Area Code/Phone Number	E-mail (Optional)		
(916) 653-7244			

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

Members' Voice of the State Building and Construction Trades Council of California

Name

1231 I Street, Suite 302 Sacramento CA 95814

Address City State Zip Code

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

NALEO Educational Fund

Name

1122 W. Washington Blvd., 3rd Floor Los Angeles CA 90015

Address City State Zip Code

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Area Code/Phone Number

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E-mail (Optional)

Date Stamp

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

California Correctional Peace Officers Association Truth in American Government Fund

Name

1415 L Street, Suite 410

Sacramento

CA

95814

Address

City

State

Zip Code

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

NALEO Educational Fund

Name

1122 W. Washington Blvd., 3rd Floor

Los Angeles

CA

90015

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 01/05/15 (month, day, year)

Amount of Payment: (In-Kind FMV) \$ 10,000 (Round to whole dollars.)

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

Brief Description of In-Kind Payment: N/A

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Chevron

Name

1201 K Street, Suite 1910

Address

Sacramento

City

CA

State

95814

Zip Code

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NALEO Educational Fund

Name

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Area Code/Phone Number (916) 653-7244	E-mail (Optional)	Date of Original Filing: _____ (month, day, year)	

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

Consumer Attorneys Public Interest Foundation

Name

770 L Street, Suite 1200 Sacramento CA 95814

Address City State Zip Code

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

NALEO Educational Fund

Name

1122 W. Washington Blvd., 3rd Floor Los Angeles CA 90015

Address City State Zip Code

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