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 II)

   Date of Original Filing: ______________ (month, day, year)

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

   Comcast
   Name
   3055 Comcast Place
   Livermore
   CA
   94551

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

4. Payment Information (Complete all information.)

   Date of Payment: __12/16/14__ (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__

By ____________________________

SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

FPPC Form 803 (December/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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)

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

   Name

   525 Market Street, Room 1908

   Address

   San Francisco

   City

   CA

   State

   94105

   Zip Code

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

   Name

   1122 W. Washington Blvd., 3rd Floor

   Address

   Los Angeles

   City

   CA

   State

   90015

   Zip Code

4. Payment Information (Complete all information.)
   Date of Payment: 12/10/14

   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: 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

   By

   SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

FPPC Form 803 (December/09)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)
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 of Original Filing: (month, day, year)

   □ Amendment (See Part 5)

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

   Address

   Sacramento
   CA
   95814

   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

   Address

   Los Angeles
   CA
   90015

   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

By

Signature of Elected Officer or CPUC Member
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 E-mail (Optional)  
(916) 653-7244  
Date Stamp  
Date of Original Filing:  
(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.  
Address  
Los Angeles  
City  
CA  
State  
90057  
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  
Address  
Los Angeles  
City  
CA  
State  
90015  
Zip Code  

4. Payment Information (Complete all information.)  
Date of Payment: 12/24/14  
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: 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  
By  

Signature of Elected Officer or CPUC Member  

FPPC Form 803 (December/09)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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   E-mail (Optional)
   (916) 653-7244

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
   Edison
   P.O. Box 700
   Rosemead CA 91770

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
   NALEO Educational Fund
   1122 W. Washington Blvd., 3rd Floor
   Los Angeles CA 90015

4. Payment Information (Complete all information.)
   Date of Payment: 12/29/14
   Amount of Payment: (In-Kind PMV) $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: 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
   By [Signature]
## Behested Payment Report

### 1. Elected Officer or CPUC Member

**Last name, First name:** Alex Padilla  
**Agency Name:**  
**Agency Street Address:** 1500 11th Street, Sacramento, CA 95814  
**Designated Contact Person:**  
**Area Code/Phone Number:** (916) 653-7244  
**E-mail (Optional):**  
**Date of Original Filing:** (month, day, year)

### 2. Payor Information

**California Professional Firefighters Ballot Issues Committee**

**Name:**  
**Address:** 1780 Creekside Oaks, Suite 200, Sacramento, CA 95833

### 3. Payee Information

**NALEO Educational Fund**

**Name:**  
**Address:** 1122 W. Washington Blvd., 3rd Floor, Los Angeles, CA 90015

### 4. Payment Information

**Date of Payment:** 12/29/14  
**Amount of Payment:** (In-Kind FMV) $5,000  
**Payment Type:** ☑ Monetary Donation  
**Brief Description of In-Kind Payment:** N/A

**Purpose:** ☑ 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  
**By:** ____________________________

**Signature of Elected Officer or CPUC Member**

FFPC Form 803 (December/09)  
FFPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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 (Optional)
   (916) 653-7244

   E-mail

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
   Northern California Carpenters Regional Council
   Name
   265 Hegenberger Road, Suite 200
   Oakland, CA 94621

   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) $ 5,000

   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 1/2/15

By

SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER
1. Elected Officer or CPUC Member (Last name, First name)
   Alex Padilla

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
   Address:
   Sacramento, CA 95814

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
   NALEO Educational Fund
   Name:
   1122 W. Washington Blvd., 3rd Floor
   Address:
   Los Angeles, CA 90015

4. Payment Information (Complete all information.)
   Date of Payment: 12/29/14
   Amount of Payment: (In-Kind FMV) $5,000
   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 By [Signature]

FFPC Form 803 (December/09)
FFPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
# Behested Payment Report

**A Public Document**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alex Padilla</td>
<td>1500 11th Street, Sacramento, CA</td>
<td></td>
<td></td>
<td>95814</td>
</tr>
</tbody>
</table>

### 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
Address: Sacramento, CA 95814

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

NALEO Educational Fund

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

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

- **Date of Payment:** 01/05/15
- **Amount of Payment:** (In-Kind FMV) $10,000

**Payment Type:**
- ☑ Monetary Donation
- □ 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

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### 6. Verification

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**Executed on:** 1/12/15

**By:** [Signature]

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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)

Date of Original Filing: ________________________
  (month, day, year)

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
   Chevron
   Name
   1201 K Street, Suite 1910
   Address
   Sacramento
   City
   CA
   State
   95814
   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
   Address
   Los Angeles
   City
   CA
   State
   90015
   Zip Code

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SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER
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)

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

   Address
   Sacramento

   City
   CA

   State
   95814

   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

   Address
   Los Angeles

   City
   CA

   State
   90015

   Zip Code

4. Payment Information (Complete all information.)
   Date of Payment: 01/05/15
   (month, day, year)

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