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 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.)  
   Microsoft  
   Name  
   One Loan Tree Road  
   Fargo  
   ND  
   58104-3911  

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: 1/16/15  
   (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.  
   Date: 2/12/15  
   By: [Signature]  
   Signature of Elected Officer or CPUC Member  

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

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

<table>
<thead>
<tr>
<th>Alex Padilla</th>
</tr>
</thead>
</table>

### Agency Name

Secretary of State

### Agency Street Address

1500 11th Street, Sacramento, CA 95814

### Designated Contact Person (Name and title, if different)

☐ Amendment (See Part 5)

### 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.)

**Anheuser-Busch**

<table>
<thead>
<tr>
<th>Name</th>
<th>St. Louis</th>
<th>MO</th>
<th>63118</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Busch Place</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

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

**NALEO Educational Fund**

<table>
<thead>
<tr>
<th>Name</th>
<th>Los Angeles</th>
<th>CA</th>
<th>90015</th>
</tr>
</thead>
<tbody>
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<td>State</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

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

<table>
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<tr>
<th>Date of Payment:</th>
<th>Amount of Payment: (In-Kind FMV)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/12/2015</td>
<td>$5,000 (Round to whole dollars.)</td>
</tr>
</tbody>
</table>

### Payment Type:

- [x] 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
- [x] 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.

[Signature]

Executed on: 1/21/15

By: [Signature of Elected Officer or CPUC Member]