

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		Date Stamp	California 803 Form For Official Use Only
Alex Padilla			
Agency Name			
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.)

Anheuser-Busch
Name

One Busch Place	St. Louis	MO	63118
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: 1/12/2015 Amount of Payment: (In-Kind FMV) \$ 5,000
(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

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 2/2/15 By 
DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER