

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: _____ (month, day, year)	
(916) 653-7244			

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

Frontier Communications

Name

12905 E. Los Nietos Rd.	Los Angeles	CA	90670
Address	City	State	Zip Code

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

Discovery Cube of Los Angeles

Name

11800 Foothill Blvd.	Los Angeles	CA	91342
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 10/29/16 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

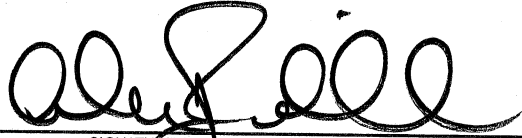
Purpose: (Check one and provide description below.) Legislative Governmental Charitable

Describe the legislative, governmental, charitable purpose, or event: Charitable Funding

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 11/3/2016 By 
DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

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1. Elected Officer or CPUC Member <i>(Last name, First name)</i>		Date Stamp	California Form 803 For Official Use Only
Alex Padilla Agency Name 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 (916) 653-7244	E-mail <i>(Optional)</i>	<input type="checkbox"/> Amendment <i>(See Part 5)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	

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

San Manuel Band of Mission Indians

Name

26569 Community Center Dr.	Highland	CA	92346
Address	City	State	Zip Code

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

Discovery Cube of Los Angeles

Name

11800 Foothill Blvd.	Los Angeles	CA	91342
Address	City	State	Zip Code

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

Date of Payment: 10/29/16 *(month, day, year)* Amount of Payment: *(In-Kind FMV)* \$ 5,000 *(Round to whole dollars.)*

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Brief Description of In-Kind Payment: N/A

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Executed on 11/3/2014
DATE

By 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

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

SoCal Gas Company

Name

555 W. 5th St., GT21C6	Los Angeles	CA	90013
Address	City	State	Zip Code

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Discovery Cube of Los Angeles

Name

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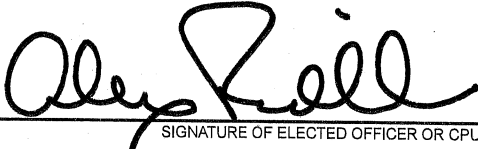
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