## 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)

☐ Amendment (See Part 5)

### Area Code/Phone Number

(916) 653-7244

### E-mail (Optional)


### Date of Original Filing:

(month, day, year)

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

Cordoba Corporation

Name

1401 N. Broadway

Los Angeles

CA

90012

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

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

Date of Payment: 10/29/16

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: Charitable Funding

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### 5. Amendment Description or Comments

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### 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 11/3/2014  

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
- **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
- **Name:** Frontier Communications
- **Address:** 12905 E. Los Nietos Rd., Los Angeles, CA 90670

### 3. Payee Information
- **Name:** Discovery Cube of Los Angeles
- **Address:** 11800 Foothill Blvd., Los Angeles, CA 91342

### 4. Payment Information
- **Date of Payment:** 10/29/16
- **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:** 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:**

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**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
   (916) 653-7244

   E-mail (Optional)

   Date Stamp

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.)
   Payment Type:
   X 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
   X 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 11/3/2014
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

<table>
<thead>
<tr>
<th>Name</th>
<th>Alex Padilla</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Name</td>
<td>Secretary of State</td>
</tr>
<tr>
<td>Address</td>
<td>1500 11th Street, Sacramento, CA 95814</td>
</tr>
<tr>
<td>Designated Contact Person</td>
<td>(Name and title, if different)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>(916) 653-7244</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail (Optional)</td>
<td></td>
</tr>
</tbody>
</table>

## 2. Payor Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Waste Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>600 E. Avenue F</td>
</tr>
<tr>
<td>City</td>
<td>Lancaster</td>
</tr>
<tr>
<td>State</td>
<td>CA</td>
</tr>
<tr>
<td>Zip Code</td>
<td>93535</td>
</tr>
</tbody>
</table>

## 3. Payee Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Discovery Cube of Los Angeles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>11800 Foothill Blvd.</td>
</tr>
<tr>
<td>City</td>
<td>Los Angeles</td>
</tr>
<tr>
<td>State</td>
<td>CA</td>
</tr>
<tr>
<td>Zip Code</td>
<td>91342</td>
</tr>
</tbody>
</table>

## 4. Payment Information

| Date of Payment       | 10/29/16 (month, day, year) |
| Amount of Payment     | $ 5,000 (In-Kind FMV)       |

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: 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  

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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

**SoCal Gas Company**

**Name**: 555 W. 5th St., GT21C6

**Address**: Los Angeles CA 90013

### 3. Payee Information

**Discovery Cube of Los Angeles**

**Name**: 11800 Foothill Blvd.

**Address**: Los Angeles CA 91342

### 4. Payment Information

**Date of Payment**: 10/29/16

**Amount of Payment**: (In-Kind FMV) $10,000

**Payment Type**: ☑ Monetary Donation or ☐ In-Kind Goods or Services

**Brief Description of In-Kind Payment**: N/A

**Purpose**: (Check one and provide description below.) ☑ 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**: Alex Padilla

**Signature of Elected Officer or CPUC Member**

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FPPC Form 803 (December/09)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)