benesieu rayment Ke	port	A Fubile Docu	Helli	Behested Payment Report
1. Elected Officer or CPUC Member (Last name, First name)			Date Stamp	California 803
Alex Padilla				Form
Agency Name				For Official Use Only
Secretary of State				
Agency Street Address				
1500 11th Street, Sacrame	ento, CA 95814			
Designated Contact Person	(Name and title, if different)		Amendment (See Pa	nrt 5)
			7	,, <del>,</del>
Area Code/Phone Number	E-mail (Optional)		Date of Original Filing:	(month, day, year)
(916) 653-7244		••		(menny e-y) y cary
2. Payor Information (For a	dditional payors, include an a	ttachment with the names a	nd addresses,)	
Vallarta Supermarkets				
Name		<del>,</del>		
12881 Bradley Ave.		Sylmar	CA	91372
Address		City	State	Zip Code
3. Payee Information (For a	dditional payees, include an a	attachment with the names	and addresses.)	
				·
Discovery Cube of Los Ang	geles			
11800 Foothill Blvd.		Los Angeles	CA	91342
Address	-	City	. State	Zip Code
1. Payment Information <sub>(C</sub>	1.1.1.1.1.1.1.1			
(month)	Amore day, year) Amore Amore day, year) ✓ Monetary Donation	unt of Payment: <i>(In-Kin</i> or ☐ In-Kind	$d FMV)$ \$\frac{5,000}{(Round to whole}\$ Goods or Services (Provided)	•
Brief Description of In-Ki	nd Payment: N/A			
•				•
Purpose: (Check one and provide Describe the legislative, o			vernmental   図 Cha t: Charitable Funding	aritable
5. Amendment Descriptio	n or Comments			
3. Verification				
I certify, under penalty of perjunderein is true and complete.	ry under the laws of the S	$\bigcirc$ 0	the best of my knowledge, t	the information contained
LVEORIER OIL	DATE	SIGN	ATURE OF ELECTED OFFICER OR CPU	JC MEMBER

Dellested Layment Nepolt	A i ubile boculi	iciit	Benested Payment Report
1. Elected Officer or CPUC Memb	Date Stamp	California 203	
Alex Padilla		Form 000	
Agency Name			For Official Use Only
Secretary of State			
Agency Street Address			
1500 11th Street, Sacramento, CA			
Designated Contact Person (Name and	d title, if different)	Amendment (See Par	t 5)
		Date of Original Filings	
Area Code/Phone Number E-mail	(Optional)	Date of Original Filing:	(month, day, year)
(916) 653-7244			
2. Payor Information (For additional p	ayors, include an attachment with the names and	d addresses.)	
SoCal Gas Company			
Name			
555 W. 5th St., GT21C6	Los Angeles	CA	90013
Address	City	State	Zip Code
3. Payee Information (For additional p	ayees, include an attachment with the names an	d addresses.)	
Discovery Cube of Los Angeles			
Name			
11800 Footbill Blvd.	Los Angeles	CA	91342
Address	City	State	Zip Code
4. Payment Information (Complete all I	information.)		
		¢ 5.000	
Date of Payment:10/27/15	Amount of Payment: (In-Kind	FMV) Φ(Round to whole	dollars.)
Payment Type:   Monet	ary Donation or 🔲 In-Kind 🤇	Goods or Services (Provide	description below.)
	NI/A		
Brief Description of In-Kind Payn	nent:		
Durnood (c)	tetern) Dispriedative Dispried		sitable
Purpose: (Check one and provide description	•	rnmental ⊠ Chai Charitable Funding	ritable
Describe the legislative, government	nental, charitable purpose, or event:	Chantable i unding	
5. Amendment Description or Co	omments		
5. Amendment bescription of oc			
,			
6. Verification			
I certify, under penalty of perjury under herein is true and complete.	the laws of the State of California, that to th	e best of my knowledge, th	ne information contained
neigin is tide and complete.		/ ^	
		$\vee$ ()()()	
Executed on 21114	By By William	JULK	A
DATE	SIGNAT	URE OF ELECTED OFFICER OR CPU	MEMBER

<b>Behested Payment Re</b>	port	A Public Docu	ment	Behested Payment Report
1. Elected Officer or CPUC Member (Last name, F		ne, First name)	Date Stamp	California 203
Alex Padilla			Form For Official Use Only	
Agency Name	,			For Official Use Offig
Secretary of State				
Agency Street Address				
1500 11th Street, Sacramer Designated Contact Person (		A		
Designated Contact Person (	eny .	Amendment (See Part 5)		
Area Code/Phone Number	a Code/Phone Number E-mail (Optional)		Date of Original Filing:	(month, day, year)
(916) 653-7244	,			(month, day, year)
2. Payor Information (For ad	I Iditional pavors, include	an attachment with the names a	and addresses,)	
Chevron			,	
Name				
1201 K St., Ste. 1910		Sacramento	CA	95814
Address		City	State	Zip Code
3. Payee Information (For ad	ditional payees, include	e an attachment with the names	and addresses.)	
Discovery Cube of Los Ang	eles.			
Name	** · · · · · · · · · · · · · · · · · ·			<del>aria da sa ta mana a a a a a a a a a a a a a a a a a</del>
11800 Foothill Blvd.		Los Angeles	CA	91342
Address		City	State	Zip Code
	Monetary Donatio		(Round to whole	•
Purpose: (Check one and provide Describe the legislative, g			Observite Indo- Francisco	aritable
5. Amendment Description	n or Comments	930 mar ann an an Aireann an Aireann an Aireann an Aireann ann an Aireann an Aireann an Aireann an Aireann an		
				and the second s
6. Verification				
o, verification				
I certify, under penalty of perjur herein is true and complete.	y-under the laws of t	he State of California, that to	the best of my knowledge,	the information contained
Executed on 211116	DATE	Bysign	NATURE OF ELECTED OFFICER OR CP	UC MEMBER