# Behested Payment Report

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

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

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

<table>
<thead>
<tr>
<th>Vallarta Supermarkets</th>
</tr>
</thead>
<tbody>
<tr>
<td>12881 Bradley Ave.</td>
</tr>
<tr>
<td>Sylmar, CA 91372</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Discovery Cube of Los Angeles</th>
</tr>
</thead>
<tbody>
<tr>
<td>11800 Foothill Blvd.</td>
</tr>
<tr>
<td>Los Angeles, CA 91342</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Payment: 9/23/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of Payment: (In-Kind Fee) $5,000</td>
</tr>
<tr>
<td>Payment Type: ☑ Monetary Donation</td>
</tr>
<tr>
<td>Purpose: (Check one and provide description below.) ☑ Charitable</td>
</tr>
<tr>
<td>Describe the legislative, governmental, charitable purpose, or event: Charitable Funding</td>
</tr>
</tbody>
</table>

**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 2/11/16 By [Signature]

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

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
   SoCal Gas Company
   Name
   555 W. 5th St., GT21C6
   Address
   Los Angeles
   City
   CA
   State
   90013
   Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
   Discovery Cube of Los Angeles
   Name
   11800 Football Blvd.
   Address
   Los Angeles
   City
   CA
   State
   91342
   Zip Code

4. Payment Information (Complete all information.)
   Date of Payment: 10/27/15
   (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: 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 11/21/14
By: Alex Padilla

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 (Last name, First name)
   Alex Padilla
   Secretary of State
   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 of Original Filing: __________ (month, day, year)

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
   Chevron
   Name: 1201 K St., Ste. 1910
   Address: Sacramento, CA 95814

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
   Discovery Cube of Los Angeles
   Name: 11800 Foothill Blvd.
   Address: Los Angeles, CA 91342

4. Payment Information (Complete all information.)
   Date of Payment: 12/21/15
   Amount of Payment: (In-Kind FMV) $ 25,000
   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.) ☑ 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 2/11/16

By

SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

FFPC Form 803 (December/09)
FFPC Toll-Free Helpline: 866/ASK-FFPC (866/275-3772)