

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		Date Stamp	California Form 803 For Official Use Only
Alex Padilla			
Agency Name			
Secretary of State			
Agency Street Address		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ <small>(month, day, year)</small>	
1500 11th Street, Sacramento, CA 95814			
Designated Contact Person (Name and title, if different)			
Area Code/Phone Number	E-mail (Optional)		
(916) 653-7244			

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

Vallarta Supermarkets

Name

12881 Bradley Ave.	Sylmar	CA	91372
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: 9/23/15 (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

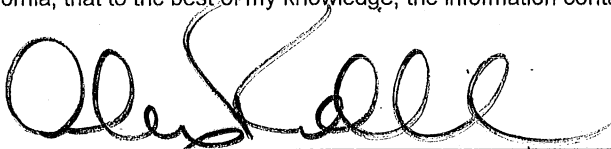
Describe the legislative, governmental, charitable purpose, or event: Charitable Funding

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 2/11/16 DATE

By  SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

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Designated Contact Person (Name and title, if different)			
Area Code/Phone Number	E-mail (Optional)		
(916) 653-7244			

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

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

Discovery Cube of Los Angeles

Name

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

4. Payment Information (Complete all information.)

Date of Payment: 10/27/15 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

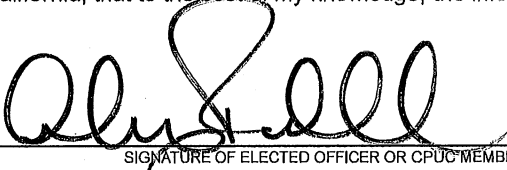
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(916) 653-7244			

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

Chevron

Name

1201 K St., Ste. 1910	Sacramento	CA	95814
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: 12/21/15 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 25,000 (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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