Behested Payment Report — A Public Document

California Form 803

For Official Use Only

Date Stamp

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

Alex Padilla

Agency Name

Secretary of State

Agency Street Address

1500 11th Street, Sacramento, CA95814

Designated Contact Person *(Name and title, if different)*

Area Code/Phone Number

916 653-7244

E-mail *(Optional)*

☐ **Amendment** *(See Part 5)*

Date of Original Filing: _____ *(month, day, year)*

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

The James Irvine Foundation

Name

One Bush Street, Suite 800	San Francisco	CA	94104
Address	City	State	Zip Code

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

MapLight

Name

2223 Shattuck Avenue	Berkeley	CA	94704
Address	City	State	Zip Code

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

Date of Payment: 1/12/16 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 150,000 *(Round to whole dollars.)*

Payment Type: ☒ Monetary Donation **or** ☐ In-Kind Goods or Services *(Provide description below.)*

Brief Description of In-Kind Payment: _____

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

Describe the legislative, governmental, charitable purpose, or event: Development of search tools for use with Cal-Access

5. Amendment Description and/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 2/12/16 (DATE) By _____ (SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER)