

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Lisseth Flores		Date Stamp 2019 JUN 11 PM 5:16	California Form 803 For Official Use Only
Agency Name City of Bell Gardens		7100 GARFIELD AVE BELL GARDENS, CA 90201	
Agency Street Address 7100 Garfield Ave. Bell Gardens, CA 90201			
Designated Contact Person (Name and title, if different)		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number 562-806-7700	E-mail (Optional)	Date of Original Filing: _____ (month, day, year)	

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

Del Records

Name _____

6400 Garfield Ave. Bell Gardens CA 90201

Address City State Zip Code

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

California Latino Leadership Institute

Name _____

301 E. Colorado Blvd. #426 Pasadena CA 91101

Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: May 14, 2019 Amount of Payment: (In-Kind FMV) \$ 8,000
(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: Payment of an \$8,000 check

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


Describe the legislative, governmental, charitable purpose, or event: To provide funding for youth programs and activities for Bell Gardens, including a Summer youth employment program.

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 6/11/2019
DATE

By 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER