

Behested Payment Report

A Public Document

Behested Payment Report

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

Wilson, Andy

Agency Name

Pasadena City Council

Agency Street Address

100 North Garfield Ave, Pasadena CA 91109

Designated Contact Person (Name and title, if different)

Area Code/Phone Number E-mail (Optional)

626 584 6070 awilson@cityofpasadena.net

Date Stamp

16 DEC 12 04:23 PM

California Form 803

For Official Use Only

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)

Alexander Real Estate

Name

385 E Colorado Blvd, Suite 299 Pasadena CA 91101

Address City State Zip Code

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

Innovate Pasadena

Name

85 N Raymond Ave Pasadena CA 91103

Address City State Zip Code

4 Payment Information (Complete all information)

Date of Payment 09/29/16 Amount of Payment. (In-Kind FMV) \$ 10,000

(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 _____

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


Describe the legislative, governmental, charitable purpose, or event Educational programming and events to bring together the local innovation and start-up ecosystem in greater Pasadena area

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 12/12/16 DATE

By  SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER