

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

626 584 6070

E-mail (Optional)

awilson@cityofpasadena.net

Date Stamp
FEB 17 2016

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)

WeWork

Name

177 E Colorado Blvd

Address

Pasadena

City

CA

State

91105

Zip Code

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

Innovate Pasadena

Name

85 N Raymond Ave

Address

Pasadena

City

CA

State

91103

Zip Code

4. Payment Information (Complete all information)

Date of Payment 08/02/16
(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

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 12/21/16 DATE

By [Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER