

Behested Payment Report

A Public Document

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CITY CLERK

Behested Payment Report

California Form 803

For Official Use Only

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

Kennedy, John J.

Agency Name

City of Pasadena

Agency Street Address

100 N. Garfield Avenue

Designated Contact Person (Name and title, if different)

Acquanette McMillan, District Liaison

Area Code/Phone Number

(626) 744-4738

E-mail (Optional)

nmcmillan@cityofpasadena.net

Date Stamp

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.)

Keff Times LLC

Name

3790 Paradise Road Suite 200

Address

Las Vegas

City

CA

State

89169

Zip Code

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

Mickey Bearman

Name

6820 Wilson Ave

Address

Los Angeles

City

CA

State

90001

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 11/15/2018
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 5000.00
(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: Supporting the 2018 Holiday Party.

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 11-20-18
DATE

By John J. Kennedy
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER