

Behested Payment Report

A Public Document

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19 FEB 14 8:51:31 PM CITY CLERK

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)

Susana Porras, City Council District Liaison

Area Code/Phone Number E-mail (Optional) 626-744-4738 sporras@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.)

AMLI Development Company, LLC

Name

141 West Jackson Blvd., Ste. 300 Chicago IL 60604 Address City State Zip Code

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

EI Portal Restaurant

Name

695 E. Green Street Pasadena CA 91101 Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 1/16/19 Amount of Payment: (In-Kind FMV) \$ 5,000 (month, day, year) (Round to whole dollars.)

Payment Type: [X] 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 [X] Charitable

Describe the legislative, governmental, charitable purpose, or event: 2018 Community Meeting and Holiday Gathering

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 2/4/2019 DATE

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