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Behested Payment Report

A Public Document

Behested Payment Report

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

Kennedy, John J.

Agency Name

City of Pasadena

Agency Street Address

100 Garfield Avenue Pasadena, California 91101

Date Stamp

California Form 803

For Official Use Only

Designated Contact Person *(Name and title, if different)*

Susana Porras

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

☐ **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.)*

Deliverance Tabernacle COGIC

Name

1299 Sunset Avenue	Pasadena	CA	91103
Address	City	State	Zip Code

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

Mickey Bearman Company

Name

6820 Wilson Avenue	Los Angeles	CA	90001
Address	City	State	Zip Code

4. Payment Information *(Complete all information.)*

Date of Payment: 10/20/2020 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 10,000.00 *(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 2020 District 3 Ham and Turkey Giveaway

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 10/20/2020 (DATE) By _____ (SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER)