

Behested Payment Report

A Public Document

Behested Payment Report

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

RECEIVED

Date Stamp

California Form 803

For Official Use Only

Kennedy, John J.

2020 JAN 23 PM 3: 52

Agency Name

CITY CLERK
CITY OF PASADENA

City of Pasadena

Agency Street Address

100 Garfield Avenue Pasadena, California 91101

Designated Contact Person (Name and title, if different)

Susana Porras

Amendment (See Part 5)

Area Code/Phone Number

E-mail (Optional)

Date of Original Filing: _____
(month, day, year)

626-744-4738

sporras@cityofpasadena.net

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

Deliverance Tabernacle

Name

1299 Sunset Avenue

Pasadena

CA

91103-2555

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: 01/12/2020
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 5,950.00
(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 District 3 Community

Meeting and Holiday Gathering Turkey and Ham 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 01/22/2020
DATE

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