

**Behested Payment Report**

**A Public Document**

Behested Payment Report

<b>1. Elected Officer or CPUC Member</b> <i>(Last name, First name)</i>		Date Stamp	<b>California 803</b> Form For Official Use Only
Agency Name			
Agency Street Address			
Designated Contact Person <i>(Name and title, if different)</i>		<input type="checkbox"/> Amendment <i>(See Part 5)</i>	
Area Code/Phone Number	E-mail <i>(Optional)</i>	Date of Original Filing: _____ <i>(month, day, year)</i>	

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

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Date of Payment: \_\_\_\_\_ Amount of Payment: *(In-Kind FMV)* \$ \_\_\_\_\_  
*(month, day, year)* *(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: \_\_\_\_\_

**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 \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

# Behested Payment Report

Form 803 is used by elected officers and members of the California Public Utilities Commission (CPUC) to disclose payments made at their behest, principally for legislative, governmental, or charitable purposes. This form was prepared by the Fair Political Practices Commission (FPPC) and is available at [www.fppc.ca.gov](http://www.fppc.ca.gov).

## When to File

File Form 803 within 30 days following the date on which the payment(s) meets or exceeds \$5,000 in the aggregate from a single source in a calendar year. Once a single source has made a behested payment of \$5,000 or more during the calendar year, subsequent payments of any amount from that source must be reported.

## Where to File

**State Officials:** The official's state agency must receive Form 803 within 30 days of the date the behested payment is made. Within 30 days after receipt of the report, the state agency must forward a copy to the FPPC at:

428 J Street, Suite 620, Sacramento, CA 95814  
Fax: 916-322-0886 E-mail: [Form803@fppc.ca.gov](mailto:Form803@fppc.ca.gov)

**Local Officials:** The official's local agency must receive Form 803 within 30 days of the date the behested payment is made. Within 30 days after receipt of the report, the agency must forward a copy to the filing officer who receives the official's original campaign statements.

**General Information:** Behested payments are payments made principally for legislative, governmental, or charitable purposes under **Government Code Section 82015(b)(2)(B)(iii)**. These payments are not for personal or campaign purposes. Generally, a donation is made at the behest if it is requested, solicited, or suggested by the official, or otherwise made to a person in cooperation, consultation, coordination with, or at the consent of, the elected officer or CPUC member. This also includes payments behested by the official's agent or employee on the official's behalf.

**Exception:** If the behested payment is made by a state, local, or federal government agency and is principally for legislative or governmental purposes, the payment does not have to be reported.

**Privacy Information Notice:** Information requested by the FPPC is required by and used to administer and enforce the Political Reform Act. Failure to provide information may be a violation subject to administrative, criminal, or civil penalties. All reports and statements are public records available for inspection and reproduction. If you have any questions, please contact the FPPC's General Counsel at 428 J Street, Suite 620, Sacramento, CA 95814 or (916) 322-5660.

## Instructions

**Part 1 - Identification:** Identify the official's name, agency, address, and contact information. Mark the amendment box if changing information on a previously filed Form 803 and include the date of the original filing.

**Part 2 - Payor Information:** Disclose the name and address of the person making the payment. A business address is acceptable.

**Part 3 - Payee Information:** Identify the name and address of the person receiving the payment, if applicable. A business address is acceptable.

**Part 4 - Payment Information:** Disclose the payment date and amount using the fair market value (FMV) for donated in-kind goods or services. Check one box to identify the type of payment and provide a description if the payment is an in-kind good or service. Check one box to identify the purpose and provide a description.

**Part 5 - Amendment Description or Comments:** Complete this section if amending a previously filed Form 803 or to provide additional or clarifying information.

**Part 6 - Verification:** Date and sign the form under penalty of perjury.

## Example

On April 24, 20XX, at CPUC Member Tully's request, the ABC Corporation made a monetary donation of \$5,000 to the Boys and Girls Club.

<b>2. Payor Information</b> (For additional payors, include an attachment with the names and addresses.)			
ABC Corporation			
Name			
1234 Alpha Ave.,	Sacramento	CA	95814
Address	City	State	Zip Code
<b>3. Payee Information</b> (For additional payees, include an attachment with the names and addresses.)			
The Boys and Girls Club			
Name			
5678 Bravo Blvd.,	Sacramento	CA	95814
Address	City	State	Zip Code
<b>4. Payment Information</b> (Complete all information.)			
Date of Payment:	April 24, 20XX <small>(month, day, year)</small>	Amount of Payment: (In-Kind FMV) \$	5,000 <small>(Round to whole dollars.)</small>
Payment Type:	<input checked="" type="checkbox"/> Monetary Donation or <input type="checkbox"/> In-Kind Goods or Services (Provide description below.)		
Brief Description of In-Kind Payment: _____			
Purpose: (Check one and provide description below.) <input type="checkbox"/> Legislative <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Charitable			
Describe the legislative, governmental, charitable purpose, or event: Donation to children's community service organization			