

Behested Payment Report

A Public Document

Behested Payment Report

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

Curry Keith

Agency Name

City of Newport Beach

Agency Street Address

100 Civic Center Dr

Designated Contact Person (Name and title, if different)

Area Code/Phone Number

949 644 0560

E-mail (Optional)

keithcurry1@yahoo.com

Date Stamp

RECEIVED

2015 OCT 30 PM 4:34

California Form 803

For Official Use Only

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.)

Southern California Edison

Name

2244 Walnut Rosemead CA 91770

Address

City

State

Zip Code

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

Concordia University

Name

1530 Concordia West Irvine CA 92614

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 8/30/15 (month, day, year)

Amount of Payment: (In-Kind FMV) \$ 6,500 (Round to whole dollars.)

Payment Type: [X] Monetary Donation or [] In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: Donation to University Programs

Purpose: (Check one and provide description below.) [] Legislative [] Governmental [X] Charitable

Describe the legislative, governmental, charitable purpose, or event:

5. Amendment Description 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 10/30/15 DATE

By [Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER