Behested Payment Report

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

   Agency Name
   City of Newport Beach

   Agency Street Address
   3300 Newport Blvd. Newport Beach, CA 92663

   Designated Contact Person (Name and title, if different)

   Area Code/Phone Number
   949 644-0800

   E-mail (Optional)
   curryk@pfm.com

   Date of Original Filing: 06/25/11

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

   Name

   Address

   City

   State

   Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses)
   City of Newport Beach, Reagan Memorial Fund
   Name
   3300 Newport Blvd.

   Newport Beach

   CA

   92663

   Address

   City

   State

   Zip Code

4. Payment Information (Complete all information)
   Date of Payment: See attached
   (month, day, year)

   Amount of Payment: (In-Kind FMV) $ (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:
   Construct a memorial to President Ronald Reagan

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 6/25/11

By

SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

FPPC Form 803 (December/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
$5,000 contributions to the Newport Beach Reagan Centennial Memorial

Nick and Rhonda Sciortino

$5,000 1/31/11

Rush and Linda Hill

$5,000 2/1/11

Steven Fry (Fry Family Foundation)

$5,000 2/22/11

David and Jolene Bahnsen

$5,000 6/13/11