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. Newport Beach CA 92660

Designated Contact Person (Name and title, if different)

Area Code/Phone Number
9496440800

E-mail (Optional)
keithcurry1@yahoo.com

Date of Original Filing: 12/01/2015

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

MBIA Foundation

Name

1 Manhattanville Rd. Suite 301

Address

Purchase

City

NY

State

10577

Zip Code

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

Concordia University

Name

1530 Concordia West

Address

Irvine

City

CA

State

92612

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 11/30/2015

Amount of Payment: (In-Kind FMV) $40,000

(Round to whole dollars.)

Payment Type: ☑ Monetary Donation or ☐ In-Kind Goods or Services

(Provide description below.)

Brief Description of In-Kind Payment: Cash foundation donation

Purpose: (Check one and provide description below.)

☐ Legislative ☐ Governmental ☑ 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 12/1/2015

DATE

By

SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

FPPC Form 803 (December/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)