

Behested Payment Report A Public Document

Type or Print in Ink.

Amendment of Filing ☐ Check box if an Amendment _____ (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency)
---	---------------------

CALIFORNIA FORM 803

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

ELECTED OFFICER OR CPUC MEMBER: ACQUANETTA WARREN	AGENCY NAME: CITY OF FONTANA	AGENCY STREET ADDRESS: 8353 SIERRA AVENUE FONTANA CA 92335
DESIGNATED CONTACT PERSON (NAME AND TITLE): ASHTON AROCHO, DEPUTY CITY CLERK	AREA CODE/PHONE NUMBER: 909-350-6743	E-MAIL: AAROCHO@FONTANA.ORG

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

NAME: REGGIE KING	ADDRESS: 10407 Trademark Street	CITY: Rancho Cucamonga	STATE: CA	ZIP CODE: 91730
DAF NAME: ☐ Donor Advised Fund (DAF) (see instructions)		DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS)		
☐ Payor is a named party or the subject of a proceeding before my agency.				
BRIEF DESCRIPTION OF PROCEEDINGS:				

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

NAME: FONTANA COMMUNITY FOUNDATION	ADDRESS: 8353 SIERRA AVENUE	CITY: FONTANA	STATE: CA	ZIP CODE: 92335
For a nonprofit organization payee, provide a brief description of any relationship to the official, official's immediate family member or staff member in the role of founder, salaried employee, decision-making capacity (board member or executive officer) or position on an honorary or advisory board.				
NAME AND TITLE:		ROLE WITH THE NONPROFIT ORGANIZATION:		
		BRIEF DESCRIPTION:		

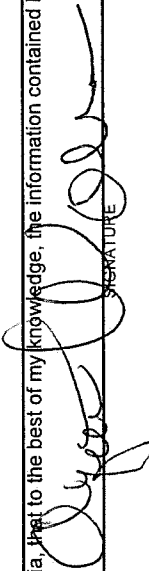
4. Payment Information (Complete all information. For estimated payment information check the box below.)

DATE (MONTH/DAY/YEAR)	AMOUNT	PAYMENT TYPE	BRIEF DESCRIPTION OF IN-KIND PAYMENT	PURPOSE	DESCRIBE THE LEGISLATIVE, GOVERNMENTAL, CHARITABLE PURPOSE, OR EVENT:
08/09/2021	\$10,000.00	☒ MONETARY DONATION ☐ IN-KIND GOODS OR SERVICES		☐ LEGISLATIVE GOVERNMENTAL ☒ CHARITABLE	UNDERCOVER BOSS
		☐ MONETARY DONATION ☐ IN-KIND GOODS OR SERVICES		☐ LEGISLATIVE GOVERNMENTAL ☐ CHARITABLE	
☐ The (DATE/AMOUNT) is an estimate and reflects my best efforts at obtaining the accurate information.		REASON FOR ESTIMATE:			

5. Amendment Description and/or Comments (Provide date of original filing or confirmation number in Part 1.)

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 4/12/2022 By  DATE
FPPC Form 803 (February 2022) advice@fppc.ca.gov