

**Behested Payment Report**  
A Public Document

Type or Print in Ink.

<input type="checkbox"/> Check box if an Amendment  (Month, Day, Year)	Date Stamp (Agency)	CALIFORNIA FORM <b>803</b>
# Confirmation Number		

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

ELECTED OFFICER OR CPUC MEMBER:

Warren, Acquanetta

AGENCY NAME:

City of Fontana

AGENCY STREET ADDRESS:

8353 Sierra Avenue

DESIGNATED CONTACT PERSON (NAME AND TITLE):

AREA CODE/PHONE NUMBER:

909-350-7601

E-MAIL:

awarren@fontana.org

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

NAME:

Burtec Waste Industries, Inc.

ADDRESS:

9890 Cherry Avenue

CITY:

Fontana

STATE:

CA

ZIP CODE:

92335

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:

Mike Arregon

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

NAME:

Boys & Girls Club of Fontana

ADDRESS:

P.O.Box 3712

CITY:

Fontana

STATE:

CA

ZIP CODE:

92334

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:

Terrie Schneider, Executive Director

ROLE WITH THE NONPROFIT ORGANIZATION:

Director

BRIEF DESCRIPTION:

not related nor an employee of A. Warren

**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:
8/02/22	\$10,000.00	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	Mayors Gala benefiting the Boys & Girls Club youth and youth of the surrounding community <input checked="" type="checkbox"/>
		<input type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE	

The \_\_\_\_\_ is an estimate and reflects my best efforts at obtaining the accurate  
(DATE/AMOUNT)  
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 \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE