

Behested Payment Report
A Public Document

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Amendment of Filing	
<input type="checkbox"/> Check box if an Amendment	
/ /	
(Month, Day, Year)	
#	Confirmation Number

CALIFORNIA
FORM **803**

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:

TKE

ADDRESS:

2305 Chicago Avenue,

CITY:

Riverside

STATE:

CA

ZIP CODE:

92507

DAF NAME:

Donor Advised Fund (DAF)
(see instructions)

DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)

Mike Thorton

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:

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:
08/05/22	\$5,000.00	<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 of youth and youth of the surrounding community +
		<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

FPPC Form 803 (February/2022)
advice@fppc.ca.gov