

# Behested Payment Report

A Public Document

Type or Print in Ink.

<input type="checkbox"/> Amendment of Filing <input type="checkbox"/> Check box if an Amendment <hr style="width: 100px; margin: 5px 0;"/> <div style="display: flex; justify-content: space-around; align-items: center;"> <span>(Month, Day, Year)</span> <span style="border: 1px solid black; padding: 2px 10px; margin: 0 10px;"></span> <span style="border: 1px solid black; padding: 2px 10px; margin: 0 10px;"></span> </div> <hr style="width: 100px; margin: 5px 0;"/> <div style="display: flex; justify-content: space-between;"> <span>#</span> <span>Confirmation Number</span> </div>	Date Stamp (Agency)    	<b>CALIFORNIA FORM 803</b>
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## 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):  Survivor's Trust Under the Wiener Family Revocable Trust	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:  Survivor's Trust Under the Wiener Family Revocable Trust	ADDRESS:  118 S. Beverly Drive #215	CITY:  Beverly Hills	STATE:  CA	ZIP CODE:  90212
<input type="checkbox"/> DAF NAME: <input type="checkbox"/> Donor Advised Fund (DAF) <small>(see instructions)</small>		DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)  David Wiener		
<input type="checkbox"/> 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
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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
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## 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:
7/18/22	\$25,000.00	<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 \_\_\_\_\_