

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member <i>(Last name, First name)</i>		Date Stamp	California Form 803 For Official Use Only
Agency Name			
Agency Street Address			
Designated Contact Person <i>(Name and title, if different)</i>		<input type="checkbox"/> Amendment <i>(See Part 5)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	
Area Code/Phone Number	E-mail <i>(Optional)</i>		

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

Name _____

Address _____ City _____ State _____ Zip Code _____

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

Name _____

Address _____ City _____ State _____ Zip Code _____

4. Payment Information *(Complete all information.)*

Date of Payment: _____ *(month, day, year)* Amount of Payment: *(In-Kind FMV)* \$ _____ *(Round to whole dollars.)*

Payment Type: Monetary Donation or In-Kind Goods or Services *(Provide description below.)*

Brief Description of In-Kind Payment: _____

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 _____ DATE By _____ SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

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This report is for use by elected officers and members of the California Public Utilities Commission (CPUC) to disclose payments made at their behest, principally for legislative, governmental, or charitable purposes. This form was prepared by the Fair Political Practices Commission (FPPC) and is available at www.fppc.ca.gov.

When to File

File Form 803 within 30 days following the date on which the payment(s) meets or exceeds five thousand dollars (\$5,000) in the aggregate from a single source in a calendar year. Once a single source has made a behested payment of \$5,000 or more during the calendar year, subsequent payments of any amount from that source must be reported.

Where to File

State Officials: The official's state agency must receive Form 803 within 30 days of the date the behested payment is made. Within 30 days after receipt of the report, the state agency must forward a copy to the Fair Political Practices Commission (FPPC) 428 J Street, Suite 620, Sacramento, CA 95814. Fax: 916-322-0886 E-mail: Form803@fppc.ca.gov

Local Officials: The official's local agency must receive Form 803 within 30 days of the date the behested payment is made. Within 30 days after receipt of the report, the agency must forward a copy to the filing officer who receives the official's original campaign statements.

General Information: Behested payments are payments made principally for legislative, governmental, or charitable purposes under **Government Code Section 82015(b)(2)(B)(iii)**. These payments are not for personal or campaign purposes. Generally, a donation is made at the behest if it is requested, solicited, or suggested by the official, or otherwise made to a person in cooperation, consultation, coordination with, or at the consent of, the elected officer or CPUC member. This includes payments behested by the official or by his or her agent or employee on the official's behalf.

Privacy Information Notice: Information requested by the FPPC is required by and used to administer and enforce the Political Reform Act. Failure to provide information may be a violation subject to administrative, criminal, or civil penalties. All reports and statements are public records available for inspection and reproduction. If you have any question regarding this notice, please contact General Counsel at 428 J Street, Suite 620, Sacramento, CA 95814 or (916) 322-5660.

Instructions

Part 1: Identification: Identify the official's name, agency, address, and contact information. Mark the amendment box if changing information on a previously filed Form 803 and include the date of the original filing.

Part 2: Payor Information: Disclose the name and address of the person making the payment. A business address is acceptable.

Part 3: Payee Information: Identify the name and address of the person receiving the payment, if applicable. A business address is acceptable.

Part 4: Payment Information: Disclose the payment date and amount using the fair market value (FMV) for donated in-kind goods or services. Check one box to identify the type of payment and provide a description if the payment is an in-kind good or service. Check one box to identify the purpose and provide a description. Use Part 5 for additional or clarifying information.

Part 5: Amendment Description or Comments: Complete this section if amending a previously filed Form 803 or to provide additional information.

Part 6: Verification: Date and sign the form under penalty of perjury.

Example

On April 24, 2010, at CPUC Member Tully's request, the ABC Corporation made a monetary donation of \$5,000 to the Boys and Girls Club.

2. Payor Information <small>(For additional payors, include an attachment with the names and addresses.)</small>			
ABC Corporation Name			
1234 Alpha Ave., Address	Sacramento City	CA State	95814 Zip Code
3. Payee Information <small>(For additional payees, include an attachment with the names and addresses.)</small>			
The Boys and Girls Club Name			
5678 Bravo Blvd., Address	Sacramento City	CA State	95814 Zip Code
4. Payment Information <small>(Complete all information.)</small>			
Date of Payment: <u>April 24, 2010</u> <small>(month, day, year)</small>	Amount of Payment: <u>(In-Kind FMV) \$ 5,000</u> <small>(Round to whole dollars.)</small>		
Payment Type:	<input checked="" type="checkbox"/> Monetary Donation	or	<input type="checkbox"/> In-Kind Goods or Services <small>(Provide description below.)</small>
Brief Description of In-Kind Payment: _____			
Purpose: <small>(Check one and provide description below.)</small> <input type="checkbox"/> Legislative <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Charitable			
Describe the legislative, governmental, charitable purpose, or event: <u>Donation to children's community service organization.</u>			