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Behested Payment Report

A Public Document

Behested Payment Report

California **803**
Form
For Official Use Only

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

City of Irvine, Sheryl Kieffer

Agency Name
1 Civic Center Plaza Irvine CA

Designated Contact Person (Name and title, if different)

Amendment (See Part 5)

Date of Original Filing: _____
(month, day, year)

Area Code/Phone Number

E-mail (Optional)

949 724-6234

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

Name: Irvine Company
Address: 550 Newport Center Dr. City: Irvine State: CA Zip Code: 92660

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

Name: University of California CUCI Foundation
Address: 52 Engineering Hall, Bldg 308 Irvine CA Zip Code: 92697

4. Payment Information (Complete all information.)

Date of Payment: 4/16/2015 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 10,000 (Round to whole dollars.)

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

Brief Description of In-Kind Payment: from budget support, of ceiling \$400,000.

Purpose: (Check one and provide description below.) Legislative Governmental Charitable

Describe the legislative, governmental, charitable purpose, or event: Solar Deceitfuler
CASA Del Sol home entry w/ 2015 Competition

5. Amendment Description and/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 January 6 2016 By [Signature]
DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER