

**Behested Payment Report**  
A Public Document

Type or Print in Ink.

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

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

ELECTED OFFICER OR CPUC MEMBER: <b>Warren, Acquanetta</b>	AGENCY NAME: <b>City of Fontana</b>	AGENCY STREET ADDRESS: <b>8353 Sierra Avenue</b>
DESIGNATED CONTACT PERSON (NAME AND TITLE):	AREA CODE/PHONE NUMBER: <b>909-350-7601</b>	E-MAIL: <b>awarren@fontana.org</b>

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

NAME: <b>TKE</b>	ADDRESS: <b>2305 Chicago Avenue,</b>	CITY: <b>Riverside</b>	STATE: <b>CA</b>	ZIP CODE: <b>92507</b>
<input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)	DAF NAME:	DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.) <b>Mike Thorton</b>		
<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: <b>Boys &amp; Girls Club of Fontana</b>	ADDRESS: <b>P.O.Box 3712</b>	CITY: <b>Fontana</b>	STATE: <b>CA</b>	ZIP CODE: <b>92334</b>
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: <b>Terrie Schneider, Executive Director</b>	ROLE WITH THE NONPROFIT ORGANIZATION: <b>Director</b>	BRIEF DESCRIPTION: <b>not related nor an employee of A. Warren</b>		

**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:
<b>08/05/22</b>	<b>\$5,000.00</b>	<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	<b>Mayors Gala benefiting the Boys &amp; Girls Club of youth and youth of the surrounding community</b>
		<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 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