

Behested Payment Report

A Public Document

Behested Payment Report

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CITY OF LA PUENTE  
CITY CLERK'S OFFICE

California Form 803

For Official Use Only

14 DEC -1 AM 9:15

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

Valerie Munoz

Agency Name

City of La Puente

Agency Street Address

15900 E. Main Street

Designated Contact Person (Name and title, if different)

Area Code/Phone Number

626-855-1500

E-mail (Optional)

vmunoz@lapuente.org

Amendment (See Part 5)

Date of Original Filing: 12/1/14  
(month, day, year)

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

VSP Vision Care

Name

3333 Quality Drive

Address

Rancho Cordova

City

CA

State

95833

Zip Code

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

Western University College of Optometry

Name

309 E. Second Street

Address

Pomona,

City

CA

State

91766-1854

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 11/01/2014  
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 36,575.00  
(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:

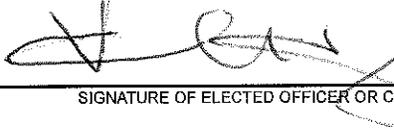
Comprehensive eye health care services at daylong community service event with community service organization.

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 11/21/2014  
DATE

By   
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER