

Behested Payment Report

A Public Document

Behested Payment Report

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

John J. Bauters

Agency Name

City of Emeryville

Agency Street Address

1333 Park Avenue

Designated Contact Person (Name and title, if different)

Area Code/Phone Number

(510) 596-4376

E-mail (Optional)

jbauters@emeryville.org

RECEIVED
Date Stamp

JUN 25 2020

CITY CLERK
CITY OF EMERYVILLE

California Form 803

For Official Use Only

Amendment (See Part 5)

Date of Original Filing: June 25, 2020
(month, day, year)

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

Wareham Development

Name

1120 Nye Street, Suite 400

San Rafael

CA

94901

Address

City

State

Zip Code

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

City of Emeryville

Name

1333 Park Avenue

Emeryville

CA

94608

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: June 22, 2020
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 12,500.00
(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: Provide financial assistance to city's small business grant program to help with store improvements in the aftermath of May 30th looting event.

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 June 25, 2020
DATE

By _____

