

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

NOV 29 2021

CITY CLERK
CITY OF EMERYVILLE

California Form 803

For Official Use Only

Amendment (See Part 5)

Date of Original Filing: Nov. 29, 2021
(month, day, year)

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

Ohana Cannabis Co.

Name

5745 Peladeau Street

Emeryville

CA

94608

Address

City

State

Zip Code

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

Emeryville Citizen's Assistance Program

Name

3610 San Pablo Ave.

Emeryville

CA

94608

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: Nov. 22, 2021
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 2,800.00
(Round to whole dollars.)

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

Brief Description of In-Kind Payment: Donation to support Christmas turkey drive to feed homeless and hungry residents of Emeryville and Alameda County.

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

Describe the legislative, governmental, charitable purpose, or event: Turkey drive for Christmas dinner for poor and unhoused neighbors.

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 November 29, 2021
DATE

By

