1. Elected Officer or CPUC Member  
Benavides, David  
Agency Name  
City of Santa Ana  
Agency Street Address  
20 Civic Center Plaza  
Designated Contact Person (Name and title, if different)  
Area Code/Phone Number  
714-647-6900  
E-mail (Optional)  

2. Payor Information  (For additional payors, include an attachment with the names and addresses.)  
M F H  
Name  
1103 N. Broadway  
Santa Ana  
CA  
92701  
Address  
City  
State  
Zip Code  

3. Payee Information  (For additional payees, include an attachment with the names and addresses.)  
KidWorks CDC  
Name  
1902 W. Chestnut Ave.  
Santa Ana  
CA  
92703  
Address  
City  
State  
Zip Code  

4. Payment Information  (Complete all information.)  
Date of Payment: 6/22/15  
(month, day, year)  
Amount of Payment: (In-Kind FMV) $ 25,000  
(Round to whole dollars.)  
Payment Type:  
☒ Monetary Donation  
☐ In-Kind Goods or Services (Provide description below.)  
Brief Description of In-Kind Payment: contribution toward capital campaign  

Purpose: (Check one and provide description below.)  
☐ Legislative  
☐ Governmental  
☒ Charitable  
Describe the legislative, governmental, charitable purpose, or event: contribution toward community center expansion to provide additional after-school tutoring and mentoring programs for at-risk youth  

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 7/24/2015  
DATE  
By  
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER  

FPPC Form 803 (December/09)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)