### Behested Payment Report

#### 1. Elected Officer or CPUC Member

- **Last name, First name:** Benavides, David
- **Agency Name:** City of Santa Ana
- **Agency Street Address:** 20 Civic Center Plaza
- **Designated Contact Person:** (Name and title, if different)

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail (Optional)</th>
</tr>
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<tbody>
<tr>
<td>714-647-6900</td>
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**Date Stamp**

**California Form 803**

**Date of Original Filing:** 7/24/15

#### 2. Payor Information

- **Name:** M F H
- **Address:**
  - 1103 N. Broadway

**City:** Santa Ana

**State:** CA

**Zip Code:** 92701

#### 3. Payee Information

- **Name:** KidWorks CDC
- **Address:**
  - 1902 W. Chestnut Ave.

**City:** Santa Ana

**State:** CA

**Zip Code:** 92703

#### 4. Payment Information

- **Date of Payment:** 6/22/15
- **Amount of Payment:** (In-Kind FMV) $25,000

**Purpose:** (Check one and provide description below.)

- □ Legislative
- □ Governmental
- □ Charitable

**Brief Description of In-Kind Payment:** contribution toward capital campaign

**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

**By:** [Signature]

**DATE**

**FPPC Form 803 (December/09)**

**FPPC Toll-Free Helpline:** 866/ASK-FPPC (866/275-3772)