

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Ta, Tri		Date Stamp	California Form 803 For Official Use Only
Agency Name Mayor, City of Westminster			
Agency Street Address 8200 Westminster Blvd., Westminster, CA 92683			
Designated Contact Person (Name and title, if different)		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number	E-mail (Optional)	Date of Original Filing: _____ (month, day, year)	

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

KNT, Inc
Name

39760 Eureka Dr.,	Newark	CA	94560
Address	City	State	Zip Code

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

Quang Tri Victory Foundation
Name

9141 Bolsa Ave # 303	Westminster	CA	92683
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 4/21/21 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 50,000.00 (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: _____

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 5/13/21 DATE By _____