

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Ta, Tri		Date Stamp	California 803 Form For Official Use Only
Agency Name Mayor, City of Westminster			
Agency Street Address 8200 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.)

Megan Williams

Name

1476 Creek Side Dr., #202

Walnut Creek

CA

94596

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: 4/30/21
(month, day, year)Amount of Payment: (In-Kind FMV) \$ 5,000.00
(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 5/17/21
DATEBy _____
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER