

**Behested Payment Report**

**A Public Document**

Behested Payment Report

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

MAY 24 5:08 PM '21

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

Anh Doan  
Name

14101 Pacific Ave Westminister CA 92683  
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 Westminister CA 92683  
Address City State Zip Code

**4. Payment Information** *(Complete all information.)*

**Date of Payment:** 5/5/21 *(month, day, year)*      **Amount of Payment:** *(In-Kind FMV)* \$ 5,000 *(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 5/21/21 DATE By \_\_\_\_\_