

Behested Payment Report A Public Document

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CALIFORNIA 803
FORM

Amendment of Filing (Agency)
 Check box if an Amendment

Date Stamp (Agency)
APR 12 2022

(Month, Day, Year)
 # _____

Confirmation Number
 CITY OF FONTANA
 City Clerk's Department

1. Elected Officer or CPUC Member (Last name, First name)

ELECTED OFFICER OR CPUC MEMBER:
 ACQUANETTA WARREN

AGENCY NAME:
 CITY OF FONTANA

AGENCY STREET ADDRESS:
 8353 SIERRA AVENUE FONTANA CA 92335

DESIGNATED CONTACT PERSON (NAME AND TITLE):
 ASHTON AROCHO, DEPUTY CITY CLERK

AREA CODE/PHONE NUMBER:
 909-350-6743

E-MAIL:
 AAROCHO@FONTANA.ORG

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

NAME:
 LEWIS MANAGEMENT CORPORATION

ADDRESS:
 1156 N MOUNTAIN AVENUE

CITY:
 UPLAND

STATE:
 CA

ZIP CODE:
 91786

Donor: Advised Fund (DAF) (see instructions)

DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS)

Payor is a named party or the subject of a proceeding before my agency.

BRIEF DESCRIPTION OF PROCEEDINGS:

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

NAME:
 FONTANA COMMUNITY FOUNDATION

ADDRESS:
 8353 SIERRA AVENUE

CITY:
 FONTANA

STATE:
 CA

ZIP CODE:
 92335

For a nonprofit organization payee, provide a brief description of any relationship to the official, official's immediate family member or staff member in the role of founder, salaried employee, decision-making capacity (board member or executive officer) or position on an honorary or advisory board.

NAME AND TITLE:

ROLE WITH THE NONPROFIT ORGANIZATION:

BRIEF DESCRIPTION:

4. Payment Information (Complete all information. For estimated payment information check the box below.)

DATE (MONTH/DAY/YEAR)	AMOUNT	PAYMENT TYPE	BRIEF DESCRIPTION OF IN-KIND PAYMENT	PURPOSE	DESCRIBE THE LEGISLATIVE, GOVERNMENTAL, CHARITABLE PURPOSE, OR EVENT:
09/02/2021	\$5,000.00	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE GOVERNMENTAL CHARITABLE <input checked="" type="checkbox"/> CHARITABLE	UNDERCOVER BOSS
		<input type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE GOVERNMENTAL CHARITABLE	

The _____ (DATE/AMOUNT) is an estimate and reflects my best efforts at obtaining the accurate information.

REASON FOR ESTIMATE:

5. Amendment Description and/or Comments (Provide date of original filing or confirmation number in Part 1.)

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 4/12/2022

By _____

SIGNATURE