


Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) John J. Bauters			California Form 803 For Official Use Only
Agency Name City of Emeryville			
Agency Street Address 1333 Park Avenue, Emeryville, CA 94608			
Designated Contact Person (Name and title, if different)		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: <u>May 26, 2020</u> <small>(month, day, year)</small>	
Area Code/Phone Number (510) 596-4376	E-mail (Optional) jbauters@emeryville.org		

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

Ohana Cannabis Co.

Name	5745 Peladeau Street	Emeryville	CA	94608
Address		City	State	Zip Code

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

Bay Area Community Services

Name	390 40th Street	Oakland	CA	94609
Address		City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: May 18, 2020 Amount of Payment: (In-Kind FMV) \$ 10,000.00
(month, day, year) (Round to whole dollars.)

Payment Type: Monetary Donation or In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: Donation in support of the Emeryville Emergency Rental Assistance Program Fund.

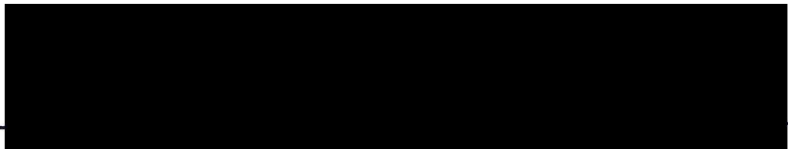
Purpose: (Check one and provide description below.) Legislative Governmental Charitable

Describe the legislative, governmental, charitable purpose, or event: Provide rental assistance to low-income residents of Emeryville who lost employment due to COVID-19 and face housing insecurity.

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 May 26, 2020 By 

DATE

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