Behested Payment Report	В	eheste	d Pa	yment	Report
-------------------------	---	--------	------	-------	--------

## **A Public Document**

D^	hastar	Payment	Danast

1. Elected Officer or CPUC	Member (Last nam	e, First name)		Date Stamp	California 202
Curry, Keith			F	RECEIVED	Form 003
Agency Name			1	5 Temperature No. 1997 Str. 1999 T. 7. Securities Securities	For Official Use Only <sub>.</sub>
City of Newport Beach		<u> </u>	DEC -1 PM 2: 30		
Agency Street Address					
100 Civic Center Dr. Newpo			CETICE OF		
Designated Contact Person (	Name and title, if differei	C.	Amendment (See Part 5)		
Area Code/Phone Number	E-mail (Optional)	and the control of th		Date of Original Filing: _	12,01,2015 (month, day, year)
9496440800	keithcurry1@yaho	o.com			(monun, day, your)
2. Payor Information (For ad	lditional payors, include	an attachment with the name:	s and a	addresses.)	
MBIA Foundation					
Name		····			
1 Manhattanville Rd. Suite 3	301	Purchase		NY	10577
Address		City		State	Zip Code
3. Payee Information (For ad	lditional payees, include	an attachment with the name	s and	addresses.)	
Concordia University					
Name				A STATE OF THE STA	
1530 Concordia West		Irvine		CA	92612
Address		City		State	Zip Code
I. Payment Information $_{(\! ext{Co}\!)}$					
Date of Payment:11/30	)/2015 Aı	mount of Payment: (In-	Kind FN	4V) \$ 40,000	
(month,	day, year)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 0,,,,,	(Round to whole o	lollars.)
Payment Type:	Monetary Donatio	n <b>or</b> 🗌 In-Kii	nd Go	oods or Services (Provide	description below.)
Brief Description of In-Kin	d Payment. Cash	foundation donation			
Differ Boodingston of the Paris	.a i ayınıcını. <u>——</u>				
Purpose: (Check one and provide	description below.)	Legislative	overr	nmental 🛛 🖾 Char	itable
Describe the legislative, g	overnmental, char	itable purpose, or eve	ent:		
	,	• • •			
		- 4-4%.			
5. Amendment Description	n or Comments				
-					
S. Verification					
I certify, under penalty of perjur	y under the laws of th	e State of California, that	to the	best of my knowledge, th	e information contained
herein is true and complete.					
			_		
_ , , 12/1.	/2015	By Mellin	12		
Executed on	DATE	By SI	GNATUE	RE OF ELECTED OFFICER OR CPUC	MEMBER