

# Behested Payments Training

2022

Presented by

Education & External Affairs Unit Manager

FPPC Legal Division

# About the Political Reform Act

- ▶ In 1974 California voters passed Proposition 9, known today as the Political Reform Act (the Act).
- ▶ The FPPC was created to:
  - implement and enforce the Act, which regulates conflicts of interest, campaign finance, and lobbying activity; and
  - inform and assist candidates and public officials in complying with these laws.

# Topics Covered Today

- ▶ What is a behested payment?
- ▶ Principal payment purpose
- ▶ Behested payment reporting
- ▶ Charitable solicitations
- ▶ Behested payment reports
- ▶ Filing Form 803
- ▶ Electronic filing
- ▶ New regulations and disclosure requirements
- ▶ Examples of Form 803s
- ▶ Public disclosure
- ▶ Resources

# Types of Payments Involving Elected Officials

4

**Contributions:** A payment made for political purposes.

**Income:** A payment received, including but not limited to, salary, wages, proceeds from any sale, and gifts.

- **Gifts:** A payment that confers a personal benefit on the recipient.

**Behested Payments:** A payment made at the behest of an elected official or Public Utilities Commission member for purposes unrelated to seeking or holding office.



# Behested Payment Components

The elected official (the behestor)

The payor (donor - the person making the payment)

The payee (recipient -the person or entity receiving the payment)

# What is a Behested Payment?

- Definition: a payment “made at the behest of” an elected official or PUC member, where it is clear that the payment was made for purposes *unrelated to the officer’s seeking or of holding elective office*.
  - “Made at the behest of” means “made under the control or at the direction of, in cooperation, consultation, coordination, or concert with, at the request or suggestion of, or with the express, prior consent of” the official.
  - Note: A contribution is any monetary or non-monetary payment **made for political purposes** for which full and adequate consideration is not made to the donor. A behested payment is excluded from the definition of a contribution, but only as to the behesting committee or official.

# Payments Presumed Not for Seeking/Holding Office

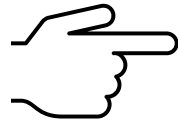
- ▶ Payments presumed not for the purpose of seeking or holding office include:
  - ▶ Payments made **principally for personal purposes**, which may be a reportable **gift**. A gift is a payment that confers a personal benefit on the recipient.
    - ▶ A behested payment that confers a benefit on the official may be subject to the Act's gift limit and gift reporting requirements as well.
  - ▶ Payments made **principally for charitable, legislative or governmental purposes** which may be reportable as behested payments.

Sections 82004.5(c)(1),(4),(5) and 82028

# Behested Payments



Elected Official,  
CPUC Member,  
Campaign Staff,  
Chief of Staff



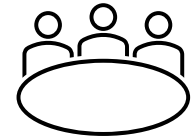
Donor/Payor

Donor... Any  
relationship?

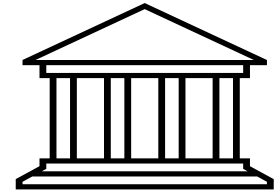


Recipient/Payee

Legislative



Governmental



Charitable





# Behested Payment Reporting

- ▶ The elected official must report when a single source makes a payment at the elected official's behest that meet or exceed \$5,000 in a calendar year and the payments are principally for a legislative, governmental, or charitable purpose.
  - ▶ All subsequent payments of any amount from that source must be reported.
- ▶ These payments **are not** subject to any limits.
- ▶ These payments are reported on the Form 803 within 30 days.
- ▶ The behesting official has a duty to obtain the required information.

Please note there is an exception for reporting a behested payment if the payment is made by a state, local, or federal governmental agency.

# Behested Payment Reports (Form 803)

- ▶ Who Files?
  - ▶ Elected Officials and Public Utilities Commission members.
- ▶ Types of Payments?
  - ▶ The payment is made at the behest of the official and the payment is made principally for a legislative, governmental, or charitable purpose.
- ▶ When?
  - ▶ Within 30 days of a single source making payments that meet or exceed \$5,000 in a calendar year. *All subsequent payments from this single source in the calendar year must be reported within 30 days.*
- ▶ Why?
  - ▶ To provide the public with information about a significant payment transaction involving an official when there is potential for influence.
  - ▶ Failure to timely file a Form 803 to report behested payment(s) may result in an Enforcement Division investigation and possible monetary penalties.

# Examples of Behested Payments

- ▶ A donation for the cost of holding a townhall meeting at the behest of an Assembly Member.
- ▶ A prominent cable company making a contribution to California Educational Solutions at the behest of the Attorney General.
- ▶ Donations that result from a charity's request for funds letter signed by the Mayor.
- ▶ Donations that result from an agent's request (*such as an officer's Chief of Staff*) on behalf of an elected official/PUC member in response to a public health crisis.

Please check out our ***Behested Payments Fact Sheet*** for more examples and reporting requirements!

# Filing Form 803 – Elected State Officials

- ▶ The Form 803 is filed with the elected official's agency and is a matter of public record.
- ▶ For elected state officials, it is the agency's duty to forward to the Commission within 30 days.
- ▶ The Commission publishes the information reported on the state official's Form 803 in the Transparency Portal for the public to access.

# State Officials – Electronic Filing

- ▶ State Officials can electronically file with the FPPC.
- ▶ <https://smartforms.fppc.ca.gov/>

## Form 803 - Behested Payments - A Public Document

You are preparing to file the Form 803 electronically. Please note that electronic filing is optional, and that it is only available to **STATE** officials. You may also complete a [hard copy of Form 803](#) to be submitted to your agency's filing officer. For detailed instructions on how to complete the Form 803, please see the [Form 803](#) page on FPPC's website.

File Form 803 within 30 days following the date on which the payment(s) meets or exceeds \$5,000 in the aggregate from a single source in a calendar year (Code Section 84224). Once a single source has made a behested payment of \$5,000 or more during the calendar year, subsequent payments of any amount from that source must be reported.

Upon the filing of this report and after initial review by FPPC staff, you will be sent a confirmation email. Your submission will be made public, and a copy of your report will be sent to the filing officer for your agency (Code Section 84224). Officials submitting their reports electronically do not need to file separately with the official's state agency.

Please note that only **STATE** officials have the option to file a Behested Payment Report electronically with the Fair Political Practices Commission. Local officials should file reports with their local filing officers.

### New Form 803

Please submit a new account form 803.

New Form 803

### Amend Form 803

Please search your submitted form 803 and amend the form.

Confirmation Number

Required

Search



# Filing Form 803 – Elected Local Officials

- ▶ Form 803s are filed with the elected official's agency and are a matter of public record.
- ▶ For elected local officials, Form 803s are filed with their local agency. The local agency will forward a copy to either:
  - ▶ the local ethics agency, or
  - ▶ the filing officer who receives the official's original campaign statements.
- ▶ Form 803s are available upon request and for inspection.

# Form 803 – What's Reported?

## **The report must contain the following information:**

- ▶ Elected official information
- ▶ Payor (donor) information
  - ▶ Name of payor
  - ▶ Address of payor
  - ▶ Amount of payment
  - ▶ Donor Advised Fund (DAF) information
  - ▶ Proceeding before agency information
- ▶ Payment information
  - ▶ Dates, amounts, and estimates
- ▶ Payee (recipient) information
  - ▶ Name of payee
  - ▶ Address of payee
  - ▶ Nonprofit payee information
- ▶ Brief description of:
  - ▶ Any relationship of elected official to payee
  - ▶ Goods or services provided/purchased
  - ▶ A description of the specific purpose or event for which the payment or payments were made

# Form 803 – Elected Official Information

<b>Behested Payment Report</b> A Public Document  Type or Print in Ink.		<b>Amendment of Filing</b> <input type="checkbox"/> Check box if an Amendment _____ (Month, Day, Year)  # _____ Confirmation Number	Date Stamp (Agency)   	<b>CALIFORNIA FORM 803</b> 
<b>1. Elected Officer or CPUC Member</b> <i>(Last name, First name)</i>				
ELECTED OFFICER OR CPUC MEMBER: Scott, Michael	AGENCY NAME: City of Trade	AGENCY STREET ADDRESS: 1 Civic Center Drive, City of Trade 00559		
DESIGNATED CONTACT PERSON (NAME AND TITLE): Pam Beesly, Chief of Staff	AREA CODE/PHONE NUMBER: 555-555-1233	E-MAIL: michaelscott@cityoftrade.com		

Complete all fields under the Elected Officer or CPUC Member heading. For the designated contact person, remember to include name and title! You may use a business address and phone number for the required information. This is a public document.

# Form 803 – Payor Information

<b>2. Payor Information</b> <i>(For additional payors, include an attachment with the names, addresses, and proceeding information)</i>					
NAME: The Jogging Company		ADDRESS: 37 Scenic Road	CITY: Trade City	STATE: CA	ZIP CODE: 00559
<input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)	DAF NAME:		DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)		
<input type="checkbox"/> Payor is a named party or the subject of a proceeding before my agency.		BRIEF DESCRIPTION OF PROCEEDINGS:			

- ▶ Disclose the name and address of the person making the payment. You may use a business address while completing this section.
- ▶ We will cover reporting Donor Advised Fund (DAF) and named party or the subject of a proceeding additional reporting later in this presentation.

# Form 803 – Payee Information

<b>3. Payee Information</b> <i>(For additional payees, include an attachment with the names, addresses and relationship information)</i>					
NAME:		ADDRESS:	CITY:	STATE:	ZIP CODE:
City of Trade Chamber of Commerce Foundation		333 Main Street	Trade City	CA	00559
For a <b>nonprofit organization payee</b> , 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:		

- Identify the name and address of the person receiving the payment. You may use a business address while completing this section.
- We will cover reporting the official's role with a nonprofit organization later in this presentation.



# Form 803 – Payment Information

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:
3/1/22	\$2,500	<input type="checkbox"/> MONETARY DONATION <input checked="" type="checkbox"/> IN-KIND GOODS OR SERVICES	Running shoes, water bottles, carbohydrate dinner	<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	Charitable donation to support the annual fun run
3/30/22	\$3,000	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	Charitable donation for scholarships to the annual fun run
<input checked="" type="checkbox"/> The <u>2,500</u> is an estimate and reflects my best efforts at obtaining the accurate information.			REASON FOR ESTIMATE: Awaiting fair market value of in-kind goods donated on 3/1/22 from payor		

- ▶ Disclose the payment date and amount. Check either monetary donation or in-kind goods or services to identify the type of payment.
- ▶ For donated in-kind goods or services, use the fair market value and provide a description of the goods or service. Identify the charitable, legislative, or governmental purpose and provide a specific description of the event or purpose of the payment.
- ▶ If using estimated information, check the box and identify the reason the accurate information is not available.


# Form 803 – Comments & Verification

<b>5. Amendment Description and/or Comments</b> <i>(Provide date of original filing or confirmation number in Part 1.)</i>		
<hr/> <hr/>		
<b>6. Verification</b>		
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 <u>4/1/2022</u> DATE	By <u>Michael Scott</u> SIGNATURE	FPPC Form 803 (February/2022) advice@fppc.ca.gov


- ▶ If you need to provide additional information regarding the report or the behested payment(s), disclose it on part 5. We will cover amendments on the next slide!
- ▶ Date and sign the Form 803 under penalty of perjury.
- ▶ Remember to file the Form 803 within 30 days following the date on which the payment(s) meets or exceeds \$5,000 in the aggregate from a single source in a calendar year.

# Form 803 - Amendments

- ▶ Mark the amendment box only if changing or adding information on a previously filed Form 803.
- ▶ Include the date of the original filing or confirmation number.
- ▶ If you estimated payment information and receive the accurate information of the fair market value of the behested payment, you must file an amended Form 803 within 10 days of receiving the accurate information.



<b>Amendment of Filing</b> <input checked="" type="checkbox"/> Check box if an Amendment 4 / 1 / 22 (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency)	<b>CALIFORNIA FORM 803</b>
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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
3/1/22	\$3,500	<input type="checkbox"/> MONETARY DONATION <input checked="" type="checkbox"/> IN-KIND GOODS OR SERVICES	Running shoes, water bottles, carbohydrate dinner	<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	Charitable donation to support the annual fun run
3/30/22	\$3,000	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	Charitable donation for scholarships to the annual fun run
<input type="checkbox"/> 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.)					
Amendment to report the fair market value of the 3/1/22 in-kind donation from the Jogging Company as \$3,500. 					
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 4/1/2022		By Michael Scott		FPPC Form 803 (February/2022) advice@fppc.ca.gov	

# New Regulations & Disclosure Requirements

- ▶ Regulation 18424 – Payments Purpose and Potential for Influence
- ▶ Regulation 18424.1 – Estimates and Written Request for Information
- ▶ Regulation 18424.2 – Charitable Solicitations
- ▶ Regulation 18424.3 – Donor Advised Funds and Sponsoring Organization

These Regulations were approved by the Commission in October 2021. The Regulations went into effect in December 2021.

# Regulation 18424

## Payment's Purpose & Potential for Influence

Regulation 18424 requires additional disclosure in a behested payment report in two circumstances that raise questions as to the payment's purposes and potential for influence:

- ▶ (1) Where the official, the official's spouse, or an official's staff member **has a relationship of control over, or is employed by, a payee nonprofit organization.**
- ▶ (2) Where the **payor of a behested payment is involved in a proceeding before the official's agency** at the time the behested payment is made or within the past 12 months.



# Regulation 18424

## Role at the Payee Nonprofit Organization

- ▶ An official must disclose and provide a brief explanation where the official, the official's immediate family member, or member of the official's campaign staff or officeholder staff has any of the following roles with the payee nonprofit organization:
  - ▶ Any decision-making capacity within the organization,
  - ▶ Salaried employment,
  - ▶ Status as a founding member, or
  - ▶ A position on an honorary or advisory board.

# Regulation 18424

## Proceeding at Agency

- ▶ A “proceeding” includes decisions on a contract, license, permit, or other entitlement and matters of nongeneral legislation. It does not include decisions on general legislation.
- ▶ A proceeding is “before” the official’s agency if it has been placed on the agency’s formal agenda; or if the official has knowledge that the payor’s matter has been submitted to the agency for a decision, and the official may make, participate in making or otherwise use the official’s position to influence the agency’s decision on the matter.

# Regulation 18424.1

## Estimates and Written Request for Information

- ▶ Regulation 18424.1 provides a “good faith estimate” behested payment reporting procedure when an official makes reasonable efforts and is unable to obtain the necessary payment information from a behested payment payee within the 30 days filing date.
- ▶ It also requires the official to amend the report with accurate data within 10 days of receiving the information from the payee.
- ▶ In the instructions of the Form 803, there is a sample written request for information letter.

CALIFORNIA FORM 803
<p>To: Payee Organization</p> <p>From: Elected Official</p> <p>I have agreed to work with your organization in its solicitation for funds related to [name of the fundraising event or fundraising campaign] to be held on [date or range of dates] for the purpose of [state the charitable, legislative or government purpose]. Under the Political Reform Act, payments you receive in response to this solicitation may meet the definition a “behested payment” reportable by an elected official or Public Utilities Commission member within 30 days of the date the payment is made.</p> <p>So that I may comply with my behested payment reporting requirements, please provide the following for any relevant payments your organization receives in response to the above noted solicitation: the name and address of the payor, payment date, and amount. If the payment is in the form of a donated service or goods, describe the item or service and provide its fair market value.</p> <p>If the payment date or amount are not known or represent an estimate, note this, and provide information on when final, accurate amounts will be available. Briefly explain the reason for any delay. Please provide me with the accurate information as soon as it is available so I may comply with my reporting requirements under the Political Reform Act.</p>

## Regulation 18424.2

# Charitable Organization Fundraising Solicitations

A payment is subject to behested payment reporting if the payment is made in response to a fundraising solicitation from a charitable organization requesting a payment where the solicitation meets the following:

- it was sent with the cooperation, control, or consent or at the suggestion or direction of the elected officer; and
- it “features” the elected officer.

Regulation 18424.2 makes it clear that when an official acts in concert with the charitable organization in a fundraising solicitation and is featured in the solicitation, the official must report all resulting payments in accordance with Section 84224.



## Example Charitable Solicitation



*On Behalf of Cale Ashton,  
California State Assemblymember,  
You Are Cordially Invited to*

### 17th Annual Bona Fide Banquet

Featuring a world-class three course meal,  
complimentary drinks, and a special  
performance by ZZZ Orchestra.

Purchase tickets below. All proceeds support  
XYZ Coalition.

<https://www.rsvponline.com/bonafidebanquet>

**April 13th, 20XX**  
**6:00pm**

**Sacramento Convention  
Center Complex**  
1400 J St, Sacramento, CA  
95814

*xCale Ashton*

A solicitation “features” an elected officer when it includes the officer’s photograph or signature, or singles out the elected officer.

An elected officer is also featured in a solicitation if the roster or letterhead listing the governing body contains a majority of elected officers.



# Regulation 18424.3

## Donor Advised Fund / Sponsoring Organization

A donor advised fund is a separately identified fund maintained and operated by a section 501(c)(3) organization called a “sponsoring organization”. Each donor advised fund account is composed of contributions made by individual donors.

- ▶ Regulation 18424.3 requires that when a behested payment is made from a donor advised fund, the behested payment report “name of the payor” must include the name of the sponsoring organization, the donor advised fund, and the donor, to the extent the information is known to the official.
- ▶ The regulation defines the “single source” for purposes of Section 84224 reporting thresholds where there are multiple donors or anonymous donors, and the terms “sponsoring organization,” “donor advised fund,” “donor” and “donor’s advisor.”

# Sample Form 803 with Newly Required Disclosures: Donor Advised Fund (DAF)

30

Box checked for DAF  
& identifies the  
sponsoring  
organization

Behested Payment Report A Public Document		<input type="checkbox"/> Amendment of Filing Check box if an Amendment		Date Stamp (Agency)		CALIFORNIA FORM 803	
Type or Print in Ink.		#					
		(Month, Day, Year)					
		Confirmation Number					
<b>1. Elected Officer or CPUC Member</b> (Last name, First name)							
ELECTED OFFICER OR CPUC MEMBER:		AGENCY NAME:		AGENCY STREET ADDRESS:			
Hudson, Stanley		City of Trade		1 Civic Center Drive, City of Trade CA 00559			
DESIGNATED CONTACT PERSON (NAME AND TITLE):		AREA CODE/PHONE NUMBER:		E-MAIL:			
Kelly Kapoor, Chief of Staff		555-555-4444		stanleyhudson@cityoftrade.com			
<b>2. Payor Information</b> (For additional payors, include an attachment with the names, addresses, and proceeding information)							
NAME:		ADDRESS:		CITY:		STATE: ZIP CODE:	
California Community Foundation (sponsoring organization)		11 Figueroa Avenue, Suite 3000		Trade City		CA 00559	
<input checked="" type="checkbox"/> Donor Advised Fund (DAF) (see instructions)		DAF NAME: The Smith Charity Fund		DONOR(S) AND DONOR'S ADVISOR: (SEE INSTR.) Ken Smith, donor			
<input type="checkbox"/> Payor is a named party or the subject of a proceeding before my agency.		BRIEF DESCRIPTION OF PROCEEDINGS:					
<b>3. Payee Information</b> (For additional payees, include an attachment with the names, addresses and relationship information)							
NAME:		ADDRESS:		CITY:		STATE: ZIP CODE:	
Trade City Legislative Caucus		221 Main Street		Trade City		CA 00559	
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:			
<b>4. Payment Information</b> (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:		
4/10/2022	\$10,000	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE	Monetary donation to support the organization's community programs and engagement.		
		<input type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE			
<input type="checkbox"/> The (GATE/AMOUNT) information is an estimate and reflects my best efforts at obtaining the accurate information.			REASON FOR ESTIMATE:				
<b>5. Amendment Description and/or Comments</b> (Provide date of original filing or confirmation number in Part 1.)							
<b>6. Verification</b>							
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 5/9/2022		By Stanley Hudson		FPPC Form 803 (February 2022) advice@fppc.ca.gov			

Name of  
Donor/Donor  
Advisor

# Sample Form 803 with Newly Required Disclosures

27

Behested Payment Report A Public Document		<input type="checkbox"/> Amendment of Filing Check box if an Amendment (Month, Day, Year)		Date Stamp (Agency)		CALIFORNIA FORM 803	
Type or Print in Ink.		#					
1. Elected Officer or CPUC Member (Last name, First name)		AGENCY NAME:		AGENCY STREET ADDRESS:			
ELECTED OFFICER OR CPUC MEMBER: Michael Scott, City Council Member		City of Trade		1 Civic Center Drive, City of Trade 00559			
DESIGNATED CONTACT PERSON (NAME AND TITLE): Pam Beesly, Chief of Staff		AREA CODE/PHONE NUMBER: 555-555-1233		E-MAIL: michaelscott@cityoftrade.com			
2. Payor Information (For additional payors, include an attachment with the names, addresses, and proceeding information)		NAME:		ADDRESS:		CITY: STATE: ZIP CODE:	
Schrute Farms		1 Farmington Way		Trade City CA 00559			
<input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)		DAF NAME:		DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS)			
<input checked="" type="checkbox"/> Payor is a named party or the subject of a proceeding before my agency.		BRIEF DESCRIPTION OF PROCEEDINGS:		Applied for building permit for 123 Main Street pending before City of Trade City Council			
3. Payee Information (For additional payees, include an attachment with the names, addresses and relationship information)		NAME:		ADDRESS:		CITY: STATE: ZIP CODE:	
Scott's Tots 501(c)(3)		555 Main Street		Trade City CA 00559			
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:	
Holly Scott, Founder		Founder		Holly Flax Scott is the spouse of Michael Scott			
4. Payment Information (Complete all information. For estimated payment information check the box below.)		DATE (MONTH/DAY/YEAR)		AMOUNT		PAYMENT TYPE	
1/31/22		\$1,000		<input type="checkbox"/> MONETARY DONATION <input checked="" type="checkbox"/> IN-KIND GOODS OR SERVICES		BRIEF DESCRIPTION OF IN-KIND PAYMENT	
2/10/22		\$4,000		<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		PURPOSE	
1/31/22 \$1k						LEGISLATIVE GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	
<input checked="" type="checkbox"/> The (DATE/AMOUNT) is an estimate and reflects my best efforts at obtaining the accurate information.		REASON FOR ESTIMATE:		Have not received invoice yet on the value of the fresh fruits/vegetables from payor		DESCRIBE THE LEGISLATIVE, GOVERNMENTAL, CHARITABLE PURPOSE, OR EVENT:	
Charitable Donation						Charitable Funding	
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 3/9/2022		By Michael Scott					
DATE		SIGNATURE					

Payor involved in proceeding

Detailed description of proceeding

Check the box if estimate

Description of relationship

Detailed reason for estimate

# Sample Form 803 Amendment

28

Behested Payment Report A Public Document		Amendment of Filing <input checked="" type="checkbox"/> Check box if an Amendment 3 / 9 / 22 (Month, Day, Year) # _____ Confirmation Number		Date Stamp (Agency)		CALIFORNIA FORM 803	
Type or Print in Ink.							
<b>1. Elected Officer or CPUC Member</b> (Last name, First name)							
ELECTED OFFICER OR CPUC MEMBER: Scott, Michael, City Council Member			AGENCY NAME: City of Trade		AGENCY STREET ADDRESS: 1 Civic Center Drive, City of Trade 00559		
DESIGNATED CONTACT PERSON (NAME AND TITLE): Pam Beesly, Chief of Staff			AREA CODE/PHONE NUMBER: 555-555-1233		E-MAIL: michaelscott@cityoftrade.com		
<b>2. Payor Information</b> (For additional payors, include an attachment with the names, addresses, and proceeding information)							
NAME: Schrute Farms			ADDRESS: 1 Farmington Way		CITY: Trade City	STATE: CA	ZIP CODE: 00559
<input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)			DAF NAME:		DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS)		
<input checked="" type="checkbox"/> Payor is a named party or the subject of a proceeding before my agency.			BRIEF DESCRIPTION OF PROCEEDINGS: Applied for building permit for 123 Main Street pending before Trade City Council				
<b>3. Payee Information</b> (For additional payees, include an attachment with the names, addresses and relationship information)							
NAME: Scott's Tots 501(c)(3)			ADDRESS: 555 Main Street		CITY: Trade City	STATE: CA	ZIP CODE: 00559
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: Michael Scott, City Council Member			ROLE WITH THE NONPROFIT ORGANIZATION: Founder		BRIEF DESCRIPTION: Michael Scott is the Founder of Scott's Tots		
<b>4. Payment Information</b> (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			
1/31/22	\$1,750	<input type="checkbox"/> MONETARY DONATION <input checked="" type="checkbox"/> IN-KIND GOODS OR SERVICES	provided fresh fruits/vegetables for school program lunches	<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE			
2/10/22	\$4,000	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE			
<input type="checkbox"/> The _____ is an estimate and reflects my best efforts at obtaining the accurate information.			REASON FOR ESTIMATE:				
<b>5. Amendment Description and/or Comments</b> (Provide date of original filing or confirmation number in Part 1.) Received fair market value information of the 1/31/22 in-kind donation on 4/10/22. Amendment filed to provide correct value of behested payment.							
<b>6. Verification</b> 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 4/11/2022		By Michael Scott					
DATE		SIGNATURE					
FPPC Form 803 (February/2022) advice@fppc.ca.gov							

Name should be listed as last name, first name

Put original date of filing in amendment box

Correct the amount of payment AND provide the amendment description

# Public Disclosure

- ▶ All Form 803s are public documents.
- ▶ Original Form 803s must be retained by the filing officer for 7 years.
- ▶ The filing officer must provide public access to these forms during the retention period.
  - ▶ No conditions may be placed on persons seeking access.
  - ▶ No information or identification is required to view forms.
- ▶ On the FPPC's website, the public can search behested payment reports filed by members of the Senate and Assembly, and statewide elected officers. The public can search by official, payor or payee, and by year.



# Resources

- ▶ [www.fppc.ca.gov](http://www.fppc.ca.gov) → learn → public officials and employee rules → behested payment report
- ▶ Electronic filing (state officials only)
- ▶ [Behested payment report fact sheet](#)

[Home](#) | [Learn](#) | [Public Officials and Employees Rules](#) | [Behested Payment Report - Form 803](#)

## Behested Payments

### Reporting Behested Payments


Under California's transparency laws, an elected official who fundraises or otherwise solicits payments from one individual or organization to be given to another individual or organization may be required to report the payment. Generally, a payment is considered "behested" and subject to reporting if it is made:

- At the request, suggestion, or solicitation of, or made in cooperation, consultation, coordination or concert with the public official; and
- For a legislative, governmental or charitable purpose.

Behested payments subject to reporting do not include gifts made principally for personal purposes, or contributions made for election-related activity to the elected official. While state law limits the amount of gifts and campaign contributions an official may receive, there are no limits on behested payments. However, a reportable behested payment that also results in any personal benefit to the official may be considered a gift to the official even when the payment is not made principally for personal purposes. To the extent a behested payment results in a personal benefit, the payment may require additional reporting as a gift and be subject to the gift limit. State law requires the reporting of behested payments if they total \$5,000 or more per calendar year from a single source.

Officials must report the behested payments within 30 days of the date on which the payment meets or exceeds \$5,000 from a single source.


[Form 803](#) - E-File Behested Payment Report (State officials can e-file!)

 [Form 803](#) - Paper Copy Behested Payment Report

**State Officials:** File the Form 803 with your agency. Within 30 days of receipt, the state agency must forward a copy to the FPPC: 1102 Q Street, Suite 3000, Sacramento, CA 95811, or email: [Form803@fppc.ca.gov](mailto:Form803@fppc.ca.gov). Additionally, the state public official may e-file using the link above.

**Local Officials:** File the Form 803 with your agency. Within 30 days of receipt, the agency must forward a copy to the filing officer who receives the official's original campaign statements.

The Commission recently adopted new regulations requiring additional disclosure for behested payment reports in certain circumstances. The new regulations went into effect on December 22, 2021. To see the text of the new regulations go to the [Newly Adopted, Amended, or Repealed Regulations](#) page.

For assistance on completing the Form 803, please review our new  [Behested Payment Report Fact Sheet](#).

### Behested Payment Report - Form 803

- ▶ [Ethics Training](#)
- ▶ [Communications Sent Using Public Funds](#)
- ▶ [Gifts and Honoraria](#)
- ▶ [Conflicts of Interest](#)
- ▶ [Rules on Leaving Government Service](#)
- ▶ [Reporting Ceremonial Role Events and Ticket/Admission Distribution - Form 802](#)
- ▶ [Behested Payment Report - Form 803](#)
- ▶ [Agency Report of Public Official Appointments - Form 806](#)

### How to Request Advice

If you have questions about your obligations under the Act you can request advice directly from FPPC staff

[Request Advice](#)

# Thank You for Attending!

## FPPC Contact Information:

▶ 1-866-275-3772

Mon – Thurs

9 am – 11:30 am

▶ [Advice@fppc.ca.gov](mailto:Advice@fppc.ca.gov)