	Report	A Public Docu	ument	Behested Payment Repor
1. Elected Officer or CP	UC Member (Last nai	me, First name)	City of Stan Schemente	California 203
Ferguson, Laura			1411	Form 000
Agency Name City of San Clemente			JAN 23 2020	For Official Use Only
Agency Street Address				
910 Calle Negocio, San Clemente, CA 92673			City Clerk Department	
Designated Contact Perso				, i
	ii (riamo ana alio, n'ameri	one	Amendment (See Part	t 5)
Area Code/Phone Number E-mail (Optional)			Date of Original Filing: _	
	and (opasinal)			(month, day, year)
2. Payor Information (For	r additional pavors include	an attachment with the names	and addresses)	
Center for Individual Righ		an addonnent war are names	and addresses.)	
Name	110			
1100 Connecticut Ave., N	N.W., Ste. 625	Washington	DC	20036
Address		City	State	Zip Code
3. Payee Information (For	r additional payees, include	e an attachment with the names	s and addresses.)	
Irell & Manella, LLP			,	
Name				
1800 Avenue of the Stars	s, Ste. 900	Los Angeles	CA	90067
Address		City	State	Zip Code
/ WUI 033				
	(Complete all information.)			
4. Payment Information			ு 11,900 (Pro Rata	
4. Payment Information			ind FMV) \$ 11,900 (Pro Rata	Share)
4. Payment Information Date of Payment:	2019 total	mount of Payment: (In-Ki	(Round to whole o	Share)
4. Payment Information (Date of Payment:	2019 total hth, day, year) A Monetary Donation	mount of Payment: (In-Ki	ind FMV) \$ 11,900 (Pro Rata (Round to whole of	Share)
4. Payment Information (Date of Payment:	2019 total hth, day, year) A Monetary Donation	mount of Payment: (In-Ki	(Round to whole o	Share)
4. Payment Information (Date of Payment:	2019 total hth, day, year) A Monetary Donation	mount of Payment: (In-Ki	(Round to whole o	Share)
4. Payment Information (Date of Payment: Dec 2 (mon) Payment Type: Brief Description of In-K	And the state of	mount of Payment: (In-Kind	(Round to whole of	Share) Iollars.) description below.)
4. Payment Information (Date of Payment: Dec 2 (mon.) Payment Type: Brief Description of In-K	2019 total ith, day, year) Monetary Donation Kind Payment:	mount of Payment: (In-Kind	(Round to whole of d Goods or Services (Provide	Share) iollars.) description below.)
4. Payment Information (Date of Payment: Dec 2 (month) Payment Type: Brief Description of In-K Purpose: (Check one and provide Describe the legislative,	2019 total_ ith, day, year) Monetary Donation Kind Payment: de description below.)	mount of Payment: (In-Kind	(Round to whole of d Goods or Services (Provide	Share) follars.) description below.)
4. Payment Information (Date of Payment: Dec 2 (mon.) Payment Type: Brief Description of In-K	2019 total_ ith, day, year) Monetary Donation Kind Payment: de description below.)	mount of Payment: (In-Kind	(Round to whole of d Goods or Services (Provide	Share) iollars.) description below.)
4. Payment Information (Date of Payment: Dec 2 (month) Payment Type: Brief Description of In-K Purpose: (Check one and provide Describe the legislative,	2019 total_ ith, day, year) Monetary Donation Kind Payment: de description below.) governmental, chait legal challenge.	mount of Payment: (In-Kinder) on or	(Round to whole of d Goods or Services (Provide	Share) iollars.) description below.)
4. Payment Information Date of Payment: Payment Type: Brief Description of In-K Purpose: (Check one and provided provided public interest) 5. Amendment Description	2019 total	mount of Payment: (In-Kinder) on or In-Kinder I Legislative Governments	(Round to whole of d Goods or Services (Provide	Share) description below.) itable ed legal services for

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.

SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER