Behested Payment Report

A Public Document

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California Form 803

For Official Use Only

COUNTY OF SAN DIEGO
Date Stamp
2014 APR 24 PM 3 03
CLERK OF THE BOARD OF SUPERVISORS

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

Jacob, Dianne

Agency Name

County of San Diego - Board of Supervisors

Agency Street Address

1600 Pacific Highway, #335, San Diego, CA 92101

Designated Contact Person *(Name and title, if different)*

Jeff Collins, Chief of Staff

Area Code/Phone Number

619-531-5522

E-mail *(Optional)*

☐ **Amendment** *(See Part 5)*

Date of Original Filing: _____ *(month, day, year)*

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

Viejas Band of Kumeyaay Indians
Name

Address	City	State	Zip Code
1 Viejas Grade Road	Alpine	CA	91901

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

San Diego County Parks Society
Name

Address	City	State	Zip Code
P.O. Box 957	Bonita	CA	91908

4. Payment Information *(Complete all information.)*

Date of Payment: 4/16/14 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 10,000 *(Round to whole dollars.)*

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

Brief Description of In-Kind Payment: In-kind valued at $5,500. Sound system and technical support. $4,500 monetary donation.

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

Describe the legislative, governmental, charitable purpose, or event: Grand opening of the County's Waterfront Park on May 10, 2014.

5. Amendment Description 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 4/23/14 (DATE)

By _____ SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER