# Behested Payment Report

**A Public Document**

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS

Behested Payment Report

**California Form 803**

For Official Use Only

Date Stamp
2012 JUL 9 PM 12 47
THOMAS J. PASZKA
CLERK OF THE BOARD
OF SUPERVISORS

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

Roberts, Ron

**Agency Name**

San Diego County Board of Supervisors

**Agency Street Address**

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

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

Salvatore Giametta, Chief of Staff

| **Area Code/Phone Number** | **E-mail** *(Optional)* |
|---|---|
| 619 531-5894 | salvatore.giametta@sdcounty.ca.gov |

☐ **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.)*

Competitor Group
Name

| Address | City | State | Zip Code |
|---|---|---|---|
| 9477 Waples Street, Suite 150 | San Diego | CA | 92121 |

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

SEE ATTACHMENT
Name

| Address | City | State | Zip Code |
|---|---|---|---|
| | | | |

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

**Date of Payment:** June 15, 2012 *(month, day, year)*

**Amount of Payment:** *(In-Kind FMV)* $ 36,500 *(Round to whole dollars.)*

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

**Brief Description of In-Kind Payment:** 500 SeaWorld Passes.

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

**Describe the legislative, governmental, charitable purpose, or event:** Donation of SeaWorld passes to local non profit children's community organizations.

## 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 July 3, 2012 *(DATE)*

By _____ *(SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER)*

**RON ROBERTS FORM 803**
**BEHESTED PAYMENT REPORT**
**ATTACHMENT – PAYEE INFORMATION**
**July 3, 2012**

500 SeaWorld passes valued at $73.00 each. Payee / Recipient Information:

Organization

Boys and Girls Clubs of Greater San Diego
Danny Sherlock
115 West Woodward Avenue
Escondido, CA 92025

South Bay Family YMCA
Rebecca Kelley
1201 Paseo Magda
Chula Vista, CA 91910

Pro Kids
Marty Remmell
4085 52nd Street
San Diego, CA 92105

Old Town Academy
Karen Camanski
2120 San Diego Avenue
San Diego, CA 92110

San Pasqual Academy
Tim Farley
17701 San Pasqual Valley Road
Escondido, CA 92025

Promises to Kids
Tonya Torosian
9440 Ruffin Court, Suite 2
San Diego, CA 92123