Behested Payment Report — A Public Document

Behested Payment Report

California Form 803

For Official Use Only

COUNTY OF SAN DIEGO BOARD OF SUPERVISORS
Date Stamp
2011 MAY 25 AM 11 04
THE COUNTY OF SAN DIEGO
CLERK OF THE BOARD OF SUPERVISORS

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

Cox, Greg

Agency Name

County of San Diego

Agency Street Address

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

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

Pamela O'Neil, Chief of Staff

Area Code/Phone Number	**E-mail** *(Optional)*
619-531-5511	Pamela.Oneil@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.)*

Joe Gabaldon, Government and Community Relations Manager, Cox Communications, Inc.
Name

Address	City	State	Zip Code
350 10th Avenue, Suite 600	San Diego	CA	92101

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

San Diego County Sheriff's Department
Name

Address	City	State	Zip Code
9621 Ridgehaven Ct	San Diego	CA	92123

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

Date of Payment: May 24, 2011 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 5,000.00 *(Round to whole dollars.)*

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

Brief Description of In-Kind Payment: _____

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

Describe the legislative, governmental, charitable purpose, or event:

Purchase GPS Enabled cameras for Graffiti Tracker Program

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 05-24-11 (DATE) By _____ (SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER)