

Behested Payment Report

A Public Document COUNTY OF SAN DIEGO

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Ron Roberts		Date Stamp 2014 AUG 1 PM 2 18	California Form 803 For Official Use Only
Agency Name San Diego County Board of Supervisors		CLERK OF THE 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		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number 619 531-5894	E-mail (Optional) salvatore.giametta@sdcounty.ca.gov	Date of Original Filing: _____ (month, day, year)	

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

Sharp Health Care

Name

4000 Ruffin Road, Suite A San Diego CA 92123

Address City State Zip Code

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

San Diego County Parks Society

Name

P.O. Box 957 Bonita CA 91908-0957

Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 7-08-2014 Amount of Payment: (In-Kind FMV) \$ \$10,000
(month, day, year) (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

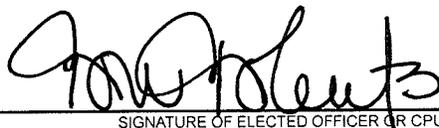
Describe the legislative, governmental, charitable purpose, or event: Donation to San Diego County Parks Society for grand opening of Waterfront Park.

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 8/01/2014
DATE

By 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER