

Behested Payment Report

A Public Document

Behested Payment Report

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)

COUNTY OF SAN DIEGO

Date Stamp

2014 APR 24 PM 3 03

CLERK OF THE BOARD OF SUPERVISORS

Amendment (See Part 5)

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

California Form 803

For Official Use Only

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

Viejas Band of Kumeyaay Indians

Name

1 Viejas Grade Road

Alpine

CA

91901

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

Address

City

State

Zip Code

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: [X] Monetary Donation and [X] 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 [X] 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] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER