

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) DUMANIS, BONNIE		Date Stamp	California Form 803 OFFICIAL USE CLERK OF THE BOARD OF SUPERVISORS COUNTY OF SAN DIEGO 05 AUG 17 AM 10:24
Agency Name COUNTY OF SAN DIEGO DISTRICT ATTORNEY'S OFFICE			
Agency Street Address 330 W BROADWAY, STE 1300, SAN DIEGO, CA 92101		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ <small>(month, day, year)</small>	
Designated Contact Person (Name and title, if different)			
Area Code/Phone Number (619) 531-4114	E-mail (Optional)		

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

WELLS FARGO
Name

1350 FASHION VALLEY ROAD 2ND FLOOR SAN DIEGO CA 92108
Address City State Zip Code

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

VILLAGE OF PROMISE
Name

PO BOX 153863 SAN DIEGO CA 92195
Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: JULY 29, 2015 Amount of Payment: (In-Kind FMV) \$ 5,000
(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: PARTNERSHIP WITH LOCAL NON PROFIT ORGANIZATION TO HOST A COMMUNITY CRIME PREVENTION EVENT

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 8-10-15 By Bonnie Dumanis
DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER