

Behested Payment Report

A Public Document

COUNTY OF SAN DIEGO Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Cox, Greg		Date Stamp 2014 JUN 4 AM 11 12	California Form 803 For Official Use Only
Agency Name County of San Diego		CLERK OF THE BOARD OF SUPERVISORS	
Agency Street Address 1600 Pacific Highway, Room 335, 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) Pamela O'Neil, Chief of Staff			
Area Code/Phone Number 619-531-5511	E-mail (Optional) Pamela.Oneil@sdcounty.ca.gov		

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

AT & T California			
Name			
101 W. Broadway, Suite 1310	San Diego	CA	92101
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: May 29, 2014 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 10,000 (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: Waterfront Park Grand Opening 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 5/30/2014
DATE

By 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER