

Behested Payment Report

A Public Document

Behested Payment Report

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

Roberts, David

Agency Name

County of San Diego

Agency Street Address

1600 Pacific Highway San Diego, CA 92101

Designated Contact Person (Name and title, if different)

Mel Millstein, Chief of Staff

Area Code/Phone Number

619-531-5533

E-mail (Optional)

COUNTY OF SAN DIEGO
MAY
2015 APR 22 PM 12:00
JMA
CLERK OF THE BOARD OF SUPERVISORS

Date Stamp

California Form 803

For Official Use Only

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.)

United Domestic Workers of America

Name

4855 Seminole Drive

San Diego

CA

92115

Address

City

State

Zip Code

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

County of San Diego

Name

1600 Pacific Highway

San Diego

CA

92101

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 6/25/2014 (month, day, year)

Amount of Payment: (In-Kind FMV) \$ 5000 (Round to whole dollars.)

Payment Type: [X] 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 [X] Governmental [] Charitable

Describe the legislative, governmental, charitable purpose, or event: For use by County of San Diego in support of

State of the County Address

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 5/22/2015 DATE

By Dave Roberts SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER