

Behested Payment Report

A Public Document COUNTY OF SAN DIEGO

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Jacob, Dianne		Date Stamp 2014 JUL 11 PM 1	California Form 803 For Official Use Only
Agency Name County of San Diego - Board of Supervisors		CLERK OF THE BOARD OF SUPERVISORS	
Agency Street Address 1600 Pacific Highway #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) Jeff Collins, Chief of Staff			
Area Code/Phone Number 619-531-5522	E-mail (Optional)		

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

Cox Communications

Name

5651 Copley Drive San Diego CA 92111

Address City State Zip Code

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

All Pro Stickers

Name

4506 Federal Blvd San Diego CA 92102

Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 7-3-14 Amount of Payment: (In-Kind FMV) \$ 8,000
(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: Cox paid for the cost to put a giant Tony Gwynn jersey on the tower of the County Administration Center.

Purpose: (Check one and provide description below.) Legislative Governmental Charitable

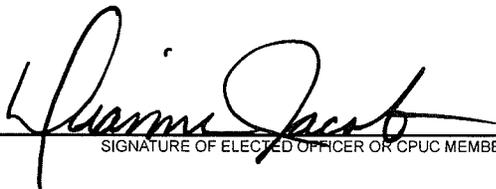
Describe the legislative, governmental, charitable purpose, or event: Giant jersey to pay tribute to Tony Gwynn.

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 7-11-14
DATE

By 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER