

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 2018 NOV 16 AM 9:30	California 803 Form 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			
Designated Contact Person (Name and title, if different) Danny Melgoza, Chief of Staff		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number 619-531-5511	E-mail (Optional) Danny.Melgoza@sdcounty.ca.gov	Date of Original Filing: _____ (month, day, year)	

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

Bob Sutherland

Name

2570 Catamaran Way Chula Vista CA 91914

Address City State Zip Code

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

San Diego Imperial Council, Boy Scouts of America

Name

1207 Upas Street San Diego CA 92103

Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 11/15/2018 Amount of Payment: (In-Kind FMV) \$ 25,000
(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: _____

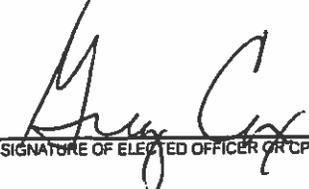
Purpose: (Check one and provide description below.) Legislative Governmental Charitable

Describe the legislative, governmental, charitable purpose, or event: Boy Scouts

5. Amendment Description and/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 11/15/2018 By 
DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER