Behested Payment F	Report	A Public Docu	ument	Behested Payment Repor	
 Elected Officer or CPUC Member (Last nam Cox, Greg 		ame, First name)	Date Stamp	California 803	
Agency Name	- In white the		2019 SEP 26 PM 2:	For Official Use Only	
County of San Diego			CLERK OF THE BOA	200	
Agency Street Address			OF SUPERVISO	/	
1600 Pacific Highway, R	oom 335, San Dieg	o, CA 92101			
Designated Contact Person (Name and title, if different) Danny Melgoza, Chief of Staff			Amendment (See Part 5)		
Area Code/Phone Number 619-531-5511	E-mail (Optional) Danny.Melgoza	@sdcounty.ca.gov	Date of Original Filing:	Date of Original Filing:(month, day, year)	
2. Payor Information (For	additional payors, includ	le an attachment with the names	s and addresses.)		
J.W. Sefton Foundation					
2550 Fifth Avenue, Suite 808		San Diego	CA	92103	
Address		City	State	Zip Code	
 Payee Information (For San Diego Imperial Cour 			s and addresses.)		
Name 1207 Upas Street		San Diego	CA	92103	
Address		City	State	Zip Code	
Payment Type: Brief Description of In-M	☑ Monetary Donat	ion or ∏In-Kir	nd Goods or Services (Provid	e description below.)	
Purpose: (Check one and provi Describe the legislative County Park			Pay Court compare	aritable und at Otay Lakes	
5. Amendment Descript	ion and/or Com	nents			
6. Verification					
J. Joinioadon					
I certify, under penalty of per herein is true and complete.	jury under the laws of	the State of California, that t	to the best of my knowledge,	the information contained	
Evecuted on	/20/19	By Kh	y Cox		
Executed on	DATE	By	GNATURE OF ELECTED OFFICER OR CP	UC MEMBER	