

Behested Payment Report

A Public Document

Behested Payment Report

COUNTY OF SAN DIEGO

2017 APR 19 PM 4:00  
Date Stamp

California Form 803

For Official Use Only

1. Elected Officer or CPUC Member (Last name, First name)  
 DUMANIS, BONNIE  
 Agency Name  
 COUNTY OF SAN DIEGO DISTRICT ATTORNEY'S OFFICE  
 Agency Street Address  
 330 W BROADWAY, STE 1300, SAN DIEGO, CA 92101  
 Designated Contact Person (Name and title, if different)

Area Code/Phone Number (619) 531-4114  
 E-mail (Optional)

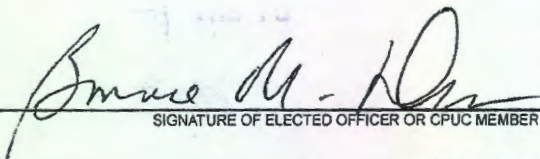
Amendment (See Part 5)  
 Date of Original Filing: 4-19-2017  
 (month, day, year)

2. Payor Information (For additional payors, include an attachment with the names and addresses.)  
 KING AMINPOUR & ASSOCIATES, PC  
 Name  
 317 ASH STREET 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 SAFE COMMUNITIES FUND  
 Name  
 2508 HISTORIC DECATUR ROAD, SUITE 200 SAN DIEGO CA 92108  
 Address City State Zip Code

4. Payment Information (Complete all information.)  
 Date of Payment: APRIL 07 2017 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 10,000.00 (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: DONATION TO LOCAL NON PROFIT ORGANIZATION AT A COMMUNITY CRIME PREVENTION EVENT

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 4-19-17 DATE By  SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER