Behested Payment Report

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)

   Date of Original Filing: ____________ (month, day, year)

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
   BARONA BAND OF MISSION INDIANS

   Name
   1095 BARONA ROAD

   Address
   LAKESIDE

   City
   CA

   State
   Zip Code
   92040

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

   Name
   PO BOX 153863

   Address
   SAN DIEGO

   City
   CA

   State
   Zip Code
   92195

4. Payment Information (Complete all information)
   Date of Payment: ____________ (June 19, 2015)
   (month, day, year)

   Amount of Payment: (In-Kind FMV) $5,000
   (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:
   PARTNERSHIP WITH LOCAL NON PROFIT ORGANIZATION TO HOST A COMMUNITY CRIME PREVENTION EVENT

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 ____________ DATE

   By __________________________
   SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

FPPC Form 803 (December/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)