

Behested Payment Report

A Public Document

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

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)

COUNTY OF SAN DIEGO
2015 JUN 26 PM 5:41
CLERK OF THE BOARD
OF SUPERVISORS

California Form 803
For Official Use Only

Amendment (See Part 5)

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

LAKESIDE

CA

92040

Address

City

State

Zip Code

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

VILLAGE OF PROMISE

Name

PO BOX 153863

SAN DIEGO

CA

92195

Address

City

State

Zip Code

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 6/23/15
DATE

By [Signature]
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER