

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**

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 Stamp **2015 JUN 26 PM 5:40**

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.)

BENNET GREENWALD

Name

2929 CANON STREET, SUITE A SAN DIEGO CA 92106

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** 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: **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 Bonnie M. Dumanis SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER