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)

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

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
   SAN DIEGO COUNTY SAFE COMMUNITIES FUND
   Name
   2508 HISTORIC DECATOR ROAD, SUITE 200
   SAN DIEGO
   CA
   92106

4. Payment Information (Complete all information.)
   Date of Payment: APRIL 12, 2016
   Amount of Payment: (In-Kind FMV) $10,000.00
   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 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 04/25/16
By ____________________________________________
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

FPPC Form 803 (December 09)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)