

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) DUMANIS, BONNIE		Date Stamp	California Form 803 For Official Use Only 2016 APR 26 AM 11:15 CLERK OF THE BOARD OF SUPERVISORS
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)		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ (month, day, year)	
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

Address

SAN DIEGO

City

CA

State

92101

Zip Code

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

SAN DIEGO COUNTY SAFE COMMUNITES FUND

Name

2508 HISTORIC DECATUR ROAD, SUITE 200

Address

SAN DIEGO

City

CA

State

92106

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: APRIL, 12, 2016  
(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 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 4/25/16  
DATE

By Bonnie M. Dumanis  
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER