Behested Payment Report

A Public Document

Behested Payment Report

California Form 803

For Official Use Only

Date Stamp

CLERK OF THE BOARD OF SUPERVISORS
AUG 13 AM 10:54
CITY OF SAN DIEGO

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)*

☐ **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.)*

PORTO VISTA HOTEL

Name

Address	City	State	Zip Code
1835 COLUMBIA STREET	SAN DIEGO	CA	92101

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

VILLAGE OF PROMISE

Name

Address	City	State	Zip Code
PO BOX 153863	SAN DIEGO	CA	92195

4. Payment Information *(Complete all information.)*

Date of Payment: AUG 04 2015 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 10,000 *(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 8-10-15 (DATE) By _____ (SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER)