# Behested Payment Report

**A Public Document**

### 1. Elected Officer or CPUC Member (Last name First name)
- **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**

### 2. Payor Information (For additional payors, include an attachment with the names and addresses)
- **Name**: SAN DIEGO GAS AND ELECTRIC
- **Address**: 101 ASH STREET
- **City**: SAN DIEGO
- **State**: CA
- **Zip Code**: 92101

### 3. Payee Information (For additional payees, include an attachment with the names and addresses)
- **Name**: VILLAGE OF PROMISE
- **Address**: PO BOX 153863
- **City**: SAN DIEGO
- **State**: CA
- **Zip Code**: 92195

### 4. Payment Information (Complete all information)
- **Date of Payment**: JULY 29, 2015
- **Amount of Payment**: (In-K/val 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**: 
  - 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**: 7-10-15
- **By**: [Signature]

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**FPPC Form 803 (December/09)**

**FPPC Toll-Free Helpline**: 866/ASK-FPPC (866/275-3772)