

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member <i>(Last name, First name)</i>		COUNTY OF SAN DIEGO	Date Stamp 2014 DEC 1 PM 2 43	California Form 803 For Official Use Only
Horn, William				
Agency Name				
County of San Diego				
Agency Street Address				
1600 Pacific Highway, Room 335, San Diego, CA 92101				
Designated Contact Person <i>(Name and title, if different)</i>		CLERK OF THE BOARD OF SUPERVISORS <i>(See Part 5)</i>		
Area Code/Phone Number	E-mail <i>(Optional)</i>	Date of Original Filing: _____ <i>(month, day, year)</i>		
619-531-5555				

2. Payor Information *(For additional payors, include an attachment with the names and addresses.)*

Rancho Guejito Corporation			
Name			
555 Madison Ave, 32nd Floor	New York	NY	10022
Address	City	State	Zip Code

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

County of San Diego			
Name			
1600 Pacific Highway	San Diego	CA	92101
Address	City	State	Zip Code

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

Date of Payment: 11/19/2014 Amount of Payment: *(In-Kind FMV)* \$ 15,000.00
(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: Special Events

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 12/1/14
DATE

By 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER