

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 Started: 2015 JAN 23 AM 11 29 CLERK OF THE BOARD OF SUPERVISORS <input type="checkbox"/> Amendment <i>(See Part 5)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	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>			
Area Code/Phone Number	E-mail <i>(Optional)</i>		
619-531-5555			

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

SDGE
Name

PO Box 129007	San Diego	CA	92112
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: 1/22/2015 *(month, day, year)* Amount of Payment: *(In-Kind FMV)* \$ 5,000.00 *(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

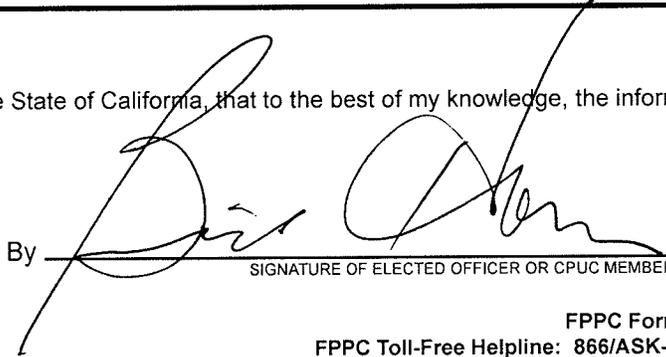
Describe the legislative, governmental, charitable purpose, or event: Special Events

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 1/22/15
DATE

By 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER