

Behested Payment Report

A Public Document COUNTY OF SAN DIEGO

Behested Payment Report COUNTY OF SAN DIEGO

1. Elected Officer or CPUC Member (Last name, First name) 2017 OCT 17 AM 11:45 Date Stamp

Roberts, Ron  
 Agency Name  
 San Diego County Board of Supervisors  
 Agency Street Address  
 1600 Pacific Highway, Room 335, San Diego, CA 92101  
 Designated Contact Person (Name and title, if different)  
 Salvatore Giametta, Chief of Staff to Supervisor Ron Roberts  
 Area Code/Phone Number 619 531-5894 E-mail (Optional) salvatore.giametta@sdcounty.ca.gov

Amendment (See Part 5)  
 Date of Original Filing: \_\_\_\_\_ (month, day, year)

CLERK OF THE BOARD OF SUPERVISORS  
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 California Form 803 : 45  
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2. Payor Information (For additional payors, include an attachment with the names and addresses)

SEMPRA  
 Name  
 488 Eighth Avenue San Diego CA 92101-7123  
 Address City State Zip Code

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

San Diego Regional Task Force On The Homeless (RTFH)  
 Name  
 4699 Murphy Canyon Road, Suite 104 San Diego CA 92123  
 Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 9/19/2017 Amount of Payment: (In-Kind FMV) \$ \$5,000  
 (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: \_\_\_\_\_

To support the RTFH's activities/role as San Diego's regional authority on homelessness.

5. Amendment Description and/or Comments

Jointly with San Diego City Councilmember Chris Ward, vice chairman of the RTFH.

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 October 16, 2017  
 DATE

By [Signature]  
 SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER