Behested Payment Report — A Public Document

Behested Payment Report

California Form **803**

For Official Use Only

Date Stamp: COUNTY OF SAN D 2015 AUG 24 AM 9:03 CLERK OF THE BOARD OF SUPERVISORS

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

Cox, Greg

Agency Name

County of San Diego

Agency Street Address

1600 Pacific Highway, Room 335, San Diego, CA 92101

Designated Contact Person *(Name and title, if different)*

Pamela O'Neil, Chief of Staff

Area Code/Phone Number	E-mail *(Optional)*
619-531-5511	Pamela.Oneil@sdcounty.ca.gov

☐ **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.)*

R. R. Sutherland
Name

Address	City	State	Zip Code
4108 The Hill Road	Bonita	CA	91902

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

Sweetwater Valley Little League
Name

Address	City	State	Zip Code
P.O. Box 363	Bonita	CA	91908

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

Date of Payment: August 19, 2015 *(month, day, year)*

Amount of Payment: *(In-Kind 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: _____

Purpose: *(Check one and provide description below.)* ☐ Legislative ☐ Governmental ☒ Charitable

Describe the legislative, governmental, charitable purpose, or event: Sweetwater Valley Little League

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 8/20/2015 (DATE) By _____ (SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER)