Behested Payment Report

A Public Document

Behested Payment Report

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

Cox, Greg

Date Stamp: COUNTY OF SAN DIEGO 2014 DEC 19 PM 2 28 CLERK OF THE BOARD OF SUPERVISORS

California Form **803**

For Official Use Only

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

☐ **Amendment** *(See Part 5)*

Area Code/Phone Number: 619-531-5511

E-mail *(Optional)*: Pamela.Oneil@sdcounty.ca.gov

Date of Original Filing: _____ *(month, day, year)*

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

Stephen & Mary Birch Foundation, Inc.
Name

103 Foulk Road, Suite 200	Wilmington	DE	19803
Address	City	State	Zip Code

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

San Diego Foundation
Name

2508 Historic Decatur Road, Suite 200	San Diego	CA	92106
Address	City	State	Zip Code

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

Date of Payment: 12/04/2014 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 50,000 *(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: Chula Vista Charitable Foundation

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 12/18/2014 (DATE) By Greg Cox (SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER)