

Behested Payment Report

A Public Document

Behested Payment Report

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

COUNTY OF SAN DIEGO  
 Date Stamp: 2015 JUL 16 PM 3:28  
 CLERK OF THE BOARD OF SUPERVISORS  
 California Form 803  
 For Official Use Only  
 Amendment (See Part 5)  
 Date of Original Filing: \_\_\_\_\_  
 (month, day, year)

Gore, William  
 Agency Name  
 San Diego County Sheriff's Department  
 Agency Street Address  
 9621 Ridgehaven Court  
 Designated Contact Person (Name and title, if different)  
 William Gore, Sheriff  
 Area Code/Phone Number | E-mail (Optional)  
 858-974-2240 | william.gore@sdsheriff.org

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

Darlene Shiley  
 Name  
 P.O. Box 207 | Pauma Valley | CA | 92061-0207  
 Address | City | State | Zip Code

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

YWCA  
 Name  
 1012 C Street | San Diego | CA | 92101  
 Address | City | State | Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 5/21/15 (month, day, year) | Amount of Payment: (In-Kind FMV) \$ 10,000.00 (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: A Celebration of the Strength, Courage and Spirit of Women and their Extraordinary Achievements overcoming Domestic Violence and Homelessness

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 7/13/15 DATE | By William H. Gore SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER