

Behested Payment Report

A Public Document

Behested Payment Report

<b>1. Elected Officer or CPUC Member</b> (Last name, First name)		Date Stamp	<b>California Form 803</b> For Official Use Only JUN 31 AM 10 40 COUNTY OF SAN DIEGO BOARD OF SUPERVISORS
ROBERTS, RON			
Agency Name			
SAN DIEGO COUNTY BOARD OF SUPERVISORS			
Agency Street Address		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: <u>06/30/11</u> (month, day, year)	
1600 PACIFIC HIGHWAY, ROOM 335			
Designated Contact Person (Name and title, if different)			
CHARISTA TOOMER - EXECUTIVE ASSISTANT			
Area Code/Phone Number	E-mail (Optional)		
619-531-5544			

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

HOMEAID SAN DIEGO

Name

12230 EL CAMINO REAL SAN DIEGO CA 92130-2090

Address City State Zip Code

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

SAN DIEGO CENTER FOR CHILDREN

Name

3002 ARMSTRONG STREET SAN DIEGO CA 92111

Address City State Zip Code

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

Date of Payment: 06/09/11 Amount of Payment: (In-Kind FMV) \$ 24,000

(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: DONATION OF THE PADRES PLAYHOUSE

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

Describe the legislative, governmental, charitable purpose, or event: THE PADRES PLAYHOUSE, ORIGINALLY CONSTRUCTED FOR HOMEAID SAN DIEGO, HAS BEEN DONATED TO THE CENTER FOR CHILDREN.

**5. Amendment Description or Comments**

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**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 July 2011 By [Signature]

DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER