

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member <i>(Last name, First name)</i>		Date Stamp	California Form 803 For Official Use Only
Cox, Greg			
Agency Name			
County of San Diego			
Agency Street Address			
1600 Pacific Highway, Room 335, San Diego, CA 92101			
Designated Contact Person <i>(Name and title, if different)</i>		<input type="checkbox"/> Amendment <i>(See Part 5)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	
Pamela O'Neil, Chief of Staff			
Area Code/Phone Number	E-mail <i>(Optional)</i>		
619-531-5511	Pamela.Oneil@sdcountry.ca.gov		

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

San Diego County Regional Airport Authority

Name

P.O. Box 82776	San Diego	CA	92138
Address	City	State	Zip Code

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

American Lung Association

Name

2750 4th Avenue	San Diego	CA	92103
Address	City	State	Zip Code

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

Date of Payment: 2/16/2012 *(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

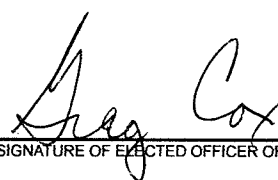
Describe the legislative, governmental, charitable purpose, or event: _____
Purchased table at the American Lung Association dinner

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 3/1/2012
DATE

By 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER