Behested Payment Report — A Public Document

California Form 803
For Official Use Only

Date Stamp: COUNTY OF SAN DIEGO BOARD OF SUPERVISORS 2012 MAR 7 AM 9 16 THOMAS J. VASKA 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: 619-531-5511

E-mail *(Optional)*: 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.)*

Name: Solar Turbines

Address	City	State	Zip Code
P.O. Box 85376	San Diego	CA	92186

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

Name: American Lung Association

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

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

Date of Payment: 2/20/2012 *(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 Greg Cox (SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER)