

Behested Payment Report

A Public Document

Behested Payment Report

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@sdcountry.ca.gov

Date Stamp

2012 MAR 7 AM 9 16

California Form 803

For Official Use Only

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.)

Sycuan Band of the Kumeyaay Nation

Name

5459 Sycuan Road

Address

El Cajon

City

CA

State

92019

Zip Code

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

American Lung Association

Name

2750 4th Avenue

Address

San Diego

City

CA

State

92103

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 2/8/2012 (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] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER