

Behested Payment Report

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Behested Payment Report

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

FILNER, Bob

Agency Name

City of San Diego

Agency Street Address

202 C Street, 11th Floor, San Diego, CA 92101

Designated Contact Person (Name and title, if different)

Lee Burdick, Director Special Projects & Legal Affairs

Area Code/Phone Number

619-236-6497

E-mail (Optional)

LBurdick@sandiego.gov

CLERK'S OFFICE Date Stamp

13 JUL -2 PM 1:15

SAN DIEGO, CALIF.

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.)

Sunroad Centrum Apartments 23, LP

Name

4445 Eastgate Mall, Suite 400

Address

San Diego

City

CA

State

92121

Zip Code

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

City of San Diego

Name

202 C Street

Address

San Diego

City

CA

State

92101

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: May 23, 2013 (month, day, year)

Amount of Payment: (In-Kind FMV) \$ 24,000 (Round to whole dollars.)

Payment Type: [X] 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 [X] Charitable

Describe the legislative, governmental, charitable purpose, or event: To support the CycloSDias bicycling event on August 11, 2013.

5. Amendment Description or Comments

This contribution was returned to the donor on June 28, 2013.

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 July 2, 2013 DATE

By [Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER