

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
Baca, Leroy D.			
Agency Name			
Los Angeles County Sheriff's Department			
Agency Street Address			
4700 Ramona Boulevard, 4th Floor - Monterey Park, California 91754			
Designated Contact Person <i>(Name and title, if different)</i>		<input type="checkbox"/> Amendment <i>(See Part 5)</i>	
Dawn Zamudio		Date of Original Filing: _____ <i>(month, day, year)</i>	
Area Code/Phone Number	E-mail <i>(Optional)</i>		
323-526-5120	dzamudi@lasd.org		

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

Southwest Regional Council of Carpenters

Name

P.O. Box.55359

Tulsa

OK

74155

Address

City

State

Zip Code

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

Sheriff's Youth Foundation

Name

4700 Ramona Boulevard, 4th Floor

Monterey Park

CA

91754

Address

City

State

Zip Code

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

Date of Payment: 1/13/10
(month, day, year)

Amount of Payment: *(In-Kind FMV)* \$ \$5,000.00
(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: _____


Donation for 2010 Annual Charity Gala

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 1-26-10
DATE

By 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		Date Stamp	California Form 803 For Official Use Only
Baca, Leroy D.			
Agency Name			
Los Angeles County Sheriff's Deptment			
Agency Street Address			
4700 Ramona Boulevard, 4th Floor - Monterey Park - California 91754			
Designated Contact Person (Name and title, if different)		<input type="checkbox"/> Amendment (See Part 5)	
Dawn Zamudio - Development Director		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail (Optional)		
323-526-5120	dzamudi@lasd.org		

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

Chartwell Charitable Foundation

Name

1999 Avenue of the Stars, Suite 3050	Los Angeles	CA	90067
Address	City	State	Zip Code

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

Sheriff's Youth Foundation

Name

4700 Ramona Boulevard, 4th Floor	Monterey Park	CA	91754
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 1/20/10
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 5,000.00
(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: _____

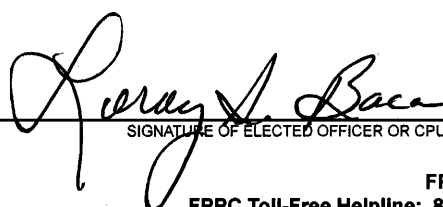
Donation for 2010 Annual Charity Gala

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 1-26-10
DATE

By 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		Date Stamp 2010 FEB 11 PM 02 CALIFORNIA FINANCE DISCREETION	California Form 803 For Official Use Only
Baca, Leroy D.			
Agency Name			
Los Angeles County Sheriff's Department		Agency Street Address	
4700 Ramona Boulevard, 4th Floor - Monterey Park - California - 91754		Designated Contact Person (Name and title, if different)	
Dawn Zamudio		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number	E-mail (Optional)	Date of Original Filing: _____ (month, day, year)	
323-526-5120	dzamudi@lasd.org		

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

Avery Dennison
Name

7090 Pollack Drive Las Vegas NV 89119
Address City State Zip Code

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

Sheriff's Youth Foundation
Name

4700 Ramona Boulevard Monterey Park CA 91754
Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 1/20/10 Amount of Payment: (In-Kind FMV) \$ 5,000.00
(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: _____

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

Describe the legislative, governmental, charitable purpose, or event: _____
Donation for 2010 Annual Charity Gala

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 2-5-10 By Leroy D Baca
DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

Behested Payment Report

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

Baca, Leroy D.

Date Stamp

2010 FEB 12 PM 2:15

California Form 803

For Official Use Only

Agency Name

Los Angeles County Sheriff's Department

Agency Street Address

4700 Ramona Boulevard, 4th Floor Monterey Park California 91754

Designated Contact Person (Name and title, if different)

Dawn Zamudio - Development Director

Area Code/Phone Number

323-526-5120

E-mail (Optional)

dzamudi@lasd.org

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.)

The Lincy Foundation

Name

150 South Rodeo Drive, Suite 250

Beverly Hills

CA

90212

Address

City

State

Zip Code

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

Sheriff's Youth Foundation

Name

4700 Ramona Boulevard, 4th Floor

Monterey Park

CA

91754

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 1/27/10 (month, day, year)

Amount of Payment: (In-Kind FMV) \$ 50,000.00 (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:

Donation for 2010 Annual Charity Gala

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 2-5-10 DATE

By [Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

Behested Payment Report

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

Baca, Leroy D.

Date Stamp

2010 FEB 11 PM 2:12

California Form 803

For Official Use Only

Agency Name

Los Angeles County Sheriff's Department

Agency Street Address

4700 Ramona Boulevard, 4th Floor - Monterey Park - CA - 91754

Designated Contact Person (Name and title, if different)

Dawn Zamudio

Area Code/Phone Number

323-526-5120

E-mail (Optional)

dzamudi@lasd.org

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.)

Tom Flesh

Name

456 Parkwood Drive

Los Angeles

CA

90077

Address

City

State

Zip Code

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

Sheriff's Youth Foundation

Name

4700 Ramona Boulevard

Monterey Park

CA

91754

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 1/30/10
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 11,000.00
(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: _____

Donation for 2010 Annual Charity Gala

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 2-5-10
DATE

By Leroy D Baca
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

RECEIVED BY LOS ANGELES COUNTY Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Baca, Leroy D.		Date Stamp FEB 22 PM 2:00	California Form 803 For Official Use Only
Agency Name Los Angeles County Sheriff's Department		LOS ANGELES COUNTY FINANCE COLLECTIONS SECTION	
Agency Street Address 4700 Ramona Boulevard, 4th Floor - Monterey Park - CA - 91754			<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ <small>(month, day, year)</small>
Designated Contact Person (Name and title, if different) Dawn Zamudio			
Area Code/Phone Number 323-526-5120	E-mail (Optional) dzamudi@lasd.org		

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

Stacey Phillips/Tom Holiday
Name

3076 Hutton Drive Beverly Hills CA 90210
Address City State Zip Code

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

Sheriff's Youth Foundation
Name

4700 Ramona Boulevard, 4th Floor Monterey Park CA 91754
Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 2/8/2010 **Amount of Payment:** (In-Kind FMV) \$ \$5,000.00
(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: _____

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

Describe the legislative, governmental, charitable purpose, or event: _____
 Donation for 2010 Charity 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 2-17-10 By Leroy D. Baca
DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

RECEIVED BY LOS ANGELES COUNTY Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		Date Stamp 700 FEB 22	California Form 803 For Official Use Only
Baca, Leroy D.			
Agency Name			
Los Angeles County Sheriff's Department		CAMPAIN FINANCE DISBURSEMENT SECTION	
Agency Street Address			
4700 Ramona Boulevard, 4th Floor - Monterey Park - CA - 91754			
Designated Contact Person (Name and title, if different)		<input type="checkbox"/> Amendment (See Part 5)	
Dawn Zamudio		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail (Optional)		
323-526-5120	dzamudi@lasd.org		

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

David M. Shaby
Name

12063 Jefferson Boulevard Culver City CA 90230
Address City State Zip Code

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

Sheriff's Youth Foundation
Name

4700 Ramona Boulevard, 4th Floor Monterey Park CA 91754
Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 2/8/2010 Amount of Payment: (In-Kind FMV) \$ \$5,000.00
(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: _____

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

Describe the legislative, governmental, charitable purpose, or event: _____
Donation for 2010 Charity 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 2-17-10 DATE

By Leroy D. Baca SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

RECEIVED BY
LOS ANGELES COUNTY
Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Baca, Leroy D.		Date Stamp 2010 FEB 22 91	California Form 803 For Official Use Only
Agency Name Los Angeles County Sheriff's Department		CAMPAIGN FINANCE STATE CONTROL DIVISION	
Agency Street Address 4700 Ramona Boulevard, 4th Floor - Monterey Park - CA - 91754			
Designated Contact Person (Name and title, if different) Dawn Zamudio			<input type="checkbox"/> Amendment (See Part 5)
Area Code/Phone Number 323-526-5120	E-mail (Optional) dzamudi@lasd.org	Date of Original Filing: _____ (month, day, year)	

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

Robert Bryant - Resnick Family Foundation

Name

11444 West Olympic Boulevard	Los Angeles	CA	90064
Address	City	State	Zip Code

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

Sheriff's Youth Foundation

Name

4700 Ramona Boulevard, 4th Floor	Monterey Park	CA	91754
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 2/12/2010 Amount of Payment: (In-Kind FMV) \$ \$5000.00
(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: _____

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

Describe the legislative, governmental, charitable purpose, or event: _____

Donation for 2010 Charity 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 2-17-10
DATE

By Leroy D. Baca
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

RECEIVED BY
LOS ANGELES COUNTY
Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Baca Leroy D.		Date Stamp 100 MAR -8	California Form 803 For Official Use Only
Agency Name Los Angeles County Sheriff's Department			
Agency Street Address 4700 Ramona Boulevard, 4th Floor Monterey Park, California 91754			
Designated Contact Person (Name and title, if different) Dawn Zamudio - Development Director		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number (323) 526-5120	E-mail (Optional) dzamudi@lasd.org	Date of Original Filing: _____ (month, day, year)	

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

Peter & Merle Mullin
Name

644 South Figueroa Street, 2nd Floor	Los Angeles	CA	90017
Address	City	State	Zip Code

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

Sheriff's Youth Foundation
Name

4700 Ramona Boulevard, 4th Floor	Monterey Park	CA	91754
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 2/17/10 Amount of Payment: (In-Kind FMV) \$ 7,500.00
(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: _____

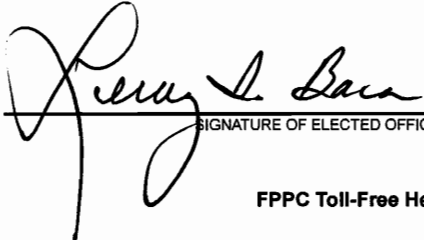
Purpose: (Check one and provide description below.) Legislative Governmental Charitable

Describe the legislative, governmental, charitable purpose, or event: _____
 Donation to Annual "Salute to Youth" Gala

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 3-2-10 By 
DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

RECEIVED BY

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Baca Leroy D.		Date Stamp 2010 MAR -02 PM GRAND JURY DISCLOSURE SECTION	California Form 803 For Official Use Only
Agency Name Los Angeles County Sheriff's Department			
Agency Street Address 4700 Ramona Boulevard, 4th Floor Monterey Park, California 91754			
Designated Contact Person (Name and title, if different) Dawn Zamudio - Development Director		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number (323) 526-5120	E-mail (Optional) dzamudi@lasd.org	Date of Original Filing: _____ (month, day, year)	

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

David & Carol Neideffer
Name

2041 Domingo Road	Fullerton	CA	92835
Address	City	State	Zip Code

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

Sheriff's Youth Foundation
Name

4700 Ramona Boulevard, 4th Floor	Monterey Park	CA	91754
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 2/23/10 Amount of Payment: (In-Kind FMV) \$ 5,000.00
(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: _____

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

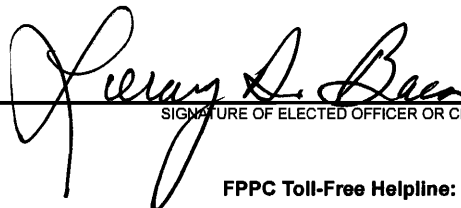
Describe the legislative, governmental, charitable purpose, or event: _____
Donation to Annual "Salute to Youth" Gala

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 3-2-10
DATE

By 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document RECEIVED BY

Behested Payment Report

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

Baca Leroy D.

Agency Name

Los Angeles County Sheriff's Department

Agency Street Address

4700 Ramona Boulevard, 4th Floor Monterey Park, California 91754

Designated Contact Person (Name and title, if different)

Dawn Zamudio - Development Director

Area Code/Phone Number

(323) 526-5120

E-mail (Optional)

dzamudi@lasd.org

Date Stamp

MAR -3 PM 4:53

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.)

Korn Ferry International

Name

1900 Avenue of the Stars, Suite2600

Los Angeles

CA

90067

Address

City

State

Zip Code

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

Sheriff's Youth Foundation

Name

4700 Ramona Boulevard, 4th Floor

Monterey Park

CA

91754

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 2/25/10 (month, day, year)

Amount of Payment: (In-Kind FMV) \$ 5,000.00 (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:

Donation to Annual "Salute to Youth" Gala

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 3-2-10 DATE

By [Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

Behested Payment Report

RECEIVED BY
SHERIFF'S DEPARTMENT
MAR -8 PM 4:54

California Form 803
For Official Use Only

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

Agency Name
Los Angeles County Sheriff's Department

Agency Street Address
4700 Ramona Boulevard, 4th Floor Monterey Park, California 91754

Designated Contact Person (Name and title, if different)
Dawn Zamudio - Development Director

Area Code/Phone Number **E-mail** (Optional)
323 526-5120 dzamudi@lasd.org

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.)

Universal Studios LLP
Name

100 Universal City Plaza Drive Universal City CA 91608
Address City State Zip Code

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

Sheriff's Youth Foundation
Name

4700 Ramona Boulevard, 4th Floor Monterey Park CA 91754
Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 2/16/10 **Amount of Payment:** (In-Kind FMV) \$ 5000.00
(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: _____

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

Describe the legislative, governmental, charitable purpose, or event: _____
Donation to Annual "Salute to Youth" Gala

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 3-2-10 By Leroy D. Baca
DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

Behested Payment Report

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

Baca Leroy D.

Date Stamp

California Form 803

For Official Use Only

Agency Name

Los Angeles County Sheriff's Department

Agency Street Address

4700 Ramona Boulevard, 4th Floor Monterey Park, California 91754

Designated Contact Person (Name and title, if different)

Dawn Zamudio - Development Director

Area Code/Phone Number

323 526-5120

E-mail (Optional)

dzamudi@lasd.org

MAR - 8 PM 4: 04

EMPLOYEE SECTION

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.)

Ralphs Fund/Food 4 Less Fund/Foods CO Fund - The Kroger Co. Foundation

Name

1014 Vine Street

Cincinnati

OH

45202

Address

City

State

Zip Code

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

Sheriff's Youth Foundation

Name

4700 Ramona Boulevard, 4th Floor

Monterey Park

CA

91754

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 2/16/10 (month, day, year)

Amount of Payment: (In-Kind FMV) \$ 5000.00 (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:

Donation to BEAR Program for Bicycles

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 3-2-10 DATE

By [Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		Date Stamp	California 803 Form For Official Use Only
Baca Leroy D.		2010 MAR -8 PM 4:54	
Agency Name		ENCLOSURES OF 100	
Los Angeles County Sheriff's Department			
Agency Street Address			
4700 Ramona Boulevard, 4th Floor Monterey Park, California 91754			
Designated Contact Person (Name and title, if different)		<input type="checkbox"/> Amendment (See Part 5)	
Dawn Zamudio - Development Director		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail (Optional)		
323 526-5120	dzamudi@lasd.org		

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

Timothy & Bernadette Leiweke

Name

572 North Bundy Drive	Los Angeles	CA	90049
Address	City	State	Zip Code

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

Sheriff's Youth Foundation

Name

4700 Ramona Boulevard, 4th Floor	Monterey Park	CA	91754
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 2/16/10 **Amount of Payment:** (In-Kind FMV) \$ 5000.00
(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: _____

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

Describe the legislative, governmental, charitable purpose, or event: _____
Donation to Annual "Salute to Youth" Gala 2010

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 3-3-10 DATE

By [Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		Date Stamp MAR -8 PM 4: 54	California Form 803 For Official Use Only
Baca Leroy D.			
Agency Name Los Angeles County Sheriff's Department			
Agency Street Address 4700 Ramona Boulevard, 4th Floor Monterey Park, California 91754		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ <small>(month, day, year)</small>	
Designated Contact Person (Name and title, if different) Dawn Zamudio - Development Director			
Area Code/Phone Number 323-526-5120	E-mail (Optional) dzamudi@lasd.org		

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

Global Tel Link
Name

2609 Cameron Street	Mobile	AL	36607
Address	City	State	Zip Code

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

Sheriff's Youth Foundation
Name

4700 Ramona Boulevard, 4th Floor	Monterey Park	CA	91754
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 2/16/10
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 50,000.00
(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

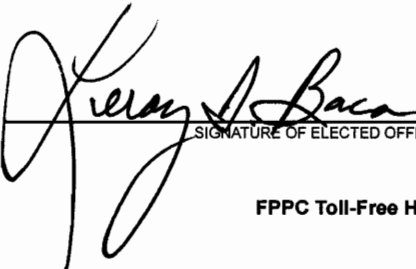
Describe the legislative, governmental, charitable purpose, or event: _____
Donation to Annual "Sheriff's Shootout at Wilshire" Charity Golf Tournament

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 3-3-10 DATE

By  SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

RECEIVED BY

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Baca Leroy D.		Date Stamp MAR -8 PM CALIFORNIA STATE ARCHIVE 802095PM 01/10	California Form 803 For Official Use Only
Agency Name Los Angeles County Sheriff's Department			
Agency Street Address 4700 Ramona Boulevard, 4th Floor Monterey Park, California 91754			
Designated Contact Person (Name and title, if different) Dawn Zamudio - Development Director		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number 323 526-5120	E-mail (Optional) dzamudi@lasd.org	Date of Original Filing: _____ (month, day, year)	

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

Dominic Ng through United Way

Name

523 West 6th Street	Los Angeles	CA	90014
Address	City	State	Zip Code

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

Sheriff's Youth Foundation

Name

4700 Ramona Boulevard, 4th Floor	Monterey Park	CA	91754
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 2/17/10 Amount of Payment: (In-Kind FMV) \$ 5,000.00
(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: _____

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

Describe the legislative, governmental, charitable purpose, or event: _____
Donation to Annual "Salute to Youth" Gala

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 3-3-10
DATE

By Leroy D. Baca
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

RECEIVED BY
LOS ANGELES COUNTY

Behested Payment Report

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

Baca, Leroy D.

Agency Name

Los Angeles County Sheriff's Department

Agency Street Address

4700 Ramona Boulevard, 4th Floor Monterey Park, CA 91754

Designated Contact Person (Name and title, if different)

Dawn Zamudio

Area Code/Phone Number

323-526-5120

E-mail (Optional)

dzamudi@lasd.org

Date Stamp

2010 APR 12 PM 1:17

California Form 803

For Official Use Only

CAMPAIGN FINANCE
DISCLOSURE SECTION

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.)

John E. Bryson TTEE

Name

P.O. Box 999

Address

Rosemead

City

CA

State

91770

Zip Code

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

Sheriff's Youth Foundation

Name

4700 Ramona Boulevard, 4th Floor

Address

Monterey Park

City

CA

State

91754

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 02/16/10
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 5,000.00
(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: _____

Donation to 25th Annual Charity Gala 2010

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 3-29-10
DATE

By Leroy D. Baca
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

Behested Payment Report

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

Baca, Leroy D.

Agency Name

Los Angeles County Sheriff's Department

Agency Street Address

4700 Ramona Boulevard, 4th Floor Monterey Park, CA 91754

Designated Contact Person (Name and title, if different)

Dawn Zamudio

Area Code/Phone Number

323-526-5120

E-mail (Optional)

dzamudi@lasd.org

Date Stamp

2010 APR 12 PM 4:30

CAMPAIGN FINANCE DISCLOSURE SECTION

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.)

Mary & Norman Pattiz

Name

21731 Ventura Boulevard

Woodland Hills

CA

91364

Address

City

State

Zip Code

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

Sheriff's Youth Foundation

Name

4700 Ramona Boulevard, 4th Floor

Monterey Park

CA

91754

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 03/05/10 (month, day, year)

Amount of Payment: (In-Kind FMV) \$ 10,000.00 (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:

Donation to 25th Annual Charity Gala 2010

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 3-29-10 DATE

By [Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Baca, Leroy D.		Date Stamp 2010 APR 12 PM 4:30	California Form 803 For Official Use Only
Agency Name Los Angeles County Sheriff's Department		CAMPAIGN FINANCE DISCLOSURE SECTION	
Agency Street Address 4700 Ramona Boulevard, 4th Floor Monterey Park, CA 91754			
Designated Contact Person (Name and title, if different) Dawn Zamudio			<input type="checkbox"/> Amendment (See Part 5)
Area Code/Phone Number 323-526-5120	E-mail (Optional) dzamudi@lasd.org	Date of Original Filing: _____ (month, day, year)	

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

William Barron Hilton
Name

9864 Wilshire Boulevard Beverly Hills CA 90071
Address City State Zip Code

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

Sheriff's Youth Foundation
Name

4700 Ramona Boulevard, 4th Floor Monterey Park CA 91754
Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 03/03/10 Amount of Payment: (In-Kind FMV) \$ 10,000.00
(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: _____

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

Describe the legislative, governmental, charitable purpose, or event: _____

Donation to 25th Annual Charity Gala 2010

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 3-29-10
DATE

By [Signature]
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

RECEIVED BY
LOS ANGELES COUNTY

Behested Payment Report

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

Baca, Leroy D.

Date Stamp
2010 APR 12 PM 6:30

California Form 803

For Official Use Only

Agency Name

Los Angeles County Sheriff's Department

Agency Street Address

4700 Ramona Boulevard, 4th Floor Monterey Park, CA 91754

Designated Contact Person (Name and title, if different)

Dawn Zamudio

Area Code/Phone Number

323-526-5120

E-mail (Optional)

dzamudi@lasd.org

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.)

Toyota Motor Sales USA, Inc.

Name

19001 South Western Avenue

Torrance

CA

90509

Address

City

State

Zip Code

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

Sheriff's Youth Foundation

Name

4700 Ramona Boulevard, 4th Floor

Monterey Park

CA

91754

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 02/26/10
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 5,000.00
(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: _____

Donation to 25th Annual Charity Gala 2010

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 3-29-10
DATE

By Leroy D. Baca
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

Behested Payment Report

RECEIVED BY
2010 APR 12 PM 4:31
CAMPAGN FINANCE
DISCLOSURE SECTION

California 803
Form
For Official Use Only

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

Baca, Leroy D.

Agency Name

Los Angeles County Sheriff's Department

Agency Street Address

4700 Ramona Boulevard, 4th Floor Monterey Park, CA 91754

Designated Contact Person (Name and title, if different)

Dawn Zamudio

Area Code/Phone Number

323-526-5120

E-mail (Optional)

dzamudi@lasd.org

Date Stamp

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.)

Chuck Miller

Name

150 North Orange Grove Boulevard

Pasadena

CA

91103

Address

City

State

Zip Code

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

Sheriff's Youth Foundation

Name

4700 Ramona Boulevard, 4th Floor

Monterey Park

CA

91754

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 03/15/10
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 35,000.00
(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: _____

Donation to 25th Annual Charity Gala 2010

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 3-29-10
DATE

By Leroy D. Baca
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

Behested Payment Report

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

Baca, Leroy D.

Agency Name

Los Angeles County Sheriff's Department

Agency Street Address

4700 Ramona Boulevard, 4th Floor, Monterey Park, CA 91754

Designated Contact Person (Name and title, if different)

Dawn Zamudio - Development Director

Area Code/Phone Number

323-526-5120

E-mail (Optional)

dzamudi@lasd.org

Date Stamp

2010 APR 12 PM 4:31

CAMPAIGN FINANCE DISCLOSURE SECTION

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.)

California Commerce Casino

Name

6131 Telegraph Road

Commerce

CA

90040

Address

City

State

Zip Code

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

Sheriff's Youth Foundation

Name

4700 Ramona Boulevard, 4th Floor

Monterey Park

CA

91754

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 03/05/10 (month, day, year)

Amount of Payment: (In-Kind FMV) \$ 10,000.00 (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:

Donation to 2010 Annual Fund-raiser Gala

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 3-29-10 DATE

By [Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

RECEIVED BY
LOS ANGELES COUNTY

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		Date Stamp 2010 APR 12 PM 6:11	California Form 803 For Official Use Only
Baca, Leroy D.			
Agency Name		CAMPAIGN FINANCIAL DISCLOSURE SECTION	
Los Angeles County Sheriff's Department			
Agency Street Address			
4700 Ramona Boulevard, 4th Floor, Monterey Park, CA 91754		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ (month, day, year)	
Designated Contact Person (Name and title, if different)			
Dawn Zamudio - Development Director			
Area Code/Phone Number	E-mail (Optional)		
323-526-5120	dzamudi@lasd.org		

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

United Parcel Post

Name

1335 Northmeadow Parkway, Suite 119	Roswell	GA	30076
Address	City	State	Zip Code

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

Sheriff's Youth Foundation

Name

4700 Ramona Boulevard, 4th Floor	Monterey Park	CA	91754
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 03/05/10 Amount of Payment: (In-Kind FMV) \$ \$5,000.00
(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: _____

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

Describe the legislative, governmental, charitable purpose, or event: _____

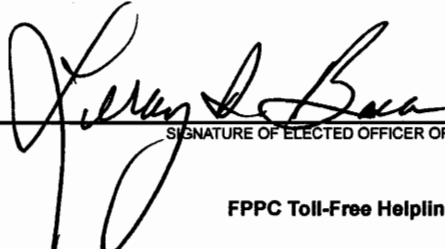
Donation to 2010 Annual Fund-raiser Gala

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 3-29-10
DATE

By 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

Behested Payment Report

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

Baca, Leroy D.

Agency Name

Los Angeles County Sheriff's Department

Agency Street Address

4700 Ramona Boulevard, 4th Floor, Monterey Park, CA 91754

Designated Contact Person (Name and title, if different)

Dawn Zamudio - Development Director

Area Code/Phone Number

323-526-5120

E-mail (Optional)

dzamudi@lasd.org

Date Stamp

2010 APR 12 PM 4:32

CAMPAIGN FINANCE DISCLOSURE SECTION

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.)

Community Benefits Funding Committee

Name

30133 San Martinez Road

Val Verde

CA

91384

Address

City

State

Zip Code

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

Sheriff's Youth Foundation

Name

4700 Ramona Boulevard, 4th Floor

Monterey Park

CA

91754

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 03/05/10 (month, day, year)

Amount of Payment: (In-Kind FMV) \$ 5,000.00 (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:

Donation to Santa Clarita Youth Activity League

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 3-29-10 DATE

By [Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Baca, Leroy D.		Date Stamp 2010 APR 12 PM 1:32	California Form 803 For Official Use Only
Agency Name Los Angeles County Sheriff's Department		CAMPAIGN FINANCE DISCLOSURE SECTION	
Agency Street Address 4700 Ramona Boulevard, 4th Floor, Monterey Park, CA, 91754			
Designated Contact Person (Name and title, if different) Dawn Zamudio			<input type="checkbox"/> Amendment (See Part 5)
Area Code/Phone Number 323-526-5120	E-mail (Optional) dzamudi@lasd.org	Date of Original Filing: _____ (month, day, year)	

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

Margaret M. Petersen Trust

Name

6420 Wilshire Boulevard, Suite 840	Los Angeles	CA	90048
Address	City	State	Zip Code

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

Sheriff's Youth Foundation

Name

4700 Ramona Boulevard, 4th Floor	Monterey Park	CA	91754
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 02/22/10 Amount of Payment: (In-Kind FMV) \$ 5,000.00
(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: _____

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

Describe the legislative, governmental, charitable purpose, or event: _____
Donation to Annual Fundraiser "Salute to Youth" Gala

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 3-29-10
DATE

By [Signature]
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

Behested Payment Report

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

Baca, Leroy D.

Agency Name

Los Angeles County Sheriff's Department

Agency Street Address

4700 Ramona Boulevard, 4th Floor - Monterey Park - CA - 91754

Designated Contact Person (Name and title, if different)

Dawn Zamudio - Development Director

Area Code/Phone Number

323-526-5120

E-mail (Optional)

dzamudi@lasd.org

Date Stamp

2010 APR 12 PM 6:33

CAMPAIGN FINANCE DISCLOSURE SECTION

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.)

Shakey's USA

Name

2200 Valley Boulevard

Alhambra

CA

91803

Address

City

State

Zip Code

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

Sheriff's Youth Foundation

Name

4700 Ramona Boulevard

Monterey Park

CA

91754

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 3/19/10 (month, day, year)

Amount of Payment: (In-Kind FMV) \$ 5000.00 (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:

Donation to Annual Fund-raiser "Salute to Youth" Gala

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 3-29-10 DATE

By [Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

Behested Payment Report

RECEIVED BY
LOS ANGELES COUNTY
2010 APR 12 PM 1:33
CAMPAGN FINANCE
DISCLOSURE SECTION

California Form 803
For Official Use Only

1. Elected Officer or CPUC Member (Last name, First name)
 Baca, Leroy D.
 Agency Name
 Los Angeles County Sheriff's Department
 Agency Street Address
 4700 Ramona Boulevard, 4th Floor Monterey Park, CA 91754
 Designated Contact Person (Name and title, if different)
 Dawn Zamudio
 Area Code/Phone Number | E-mail (Optional)
 323-526-5120 | dzamudi@lasd.org

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.)
 The California Wellness Foundation
 Name
 6320 Canoga Avenue | Woodland Hills | CA | 91367
 Address | City | State | Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
 Sheriff's Youth Foundation
 Name
 4700 Ramona Boulevard, 4th Floor | Monterey Park | CA | 91754
 Address | City | State | Zip Code

4. Payment Information (Complete all information.)
 Date of Payment: 03/25/10 | Amount of Payment: (In-Kind FMV) \$ 5,000.00
 (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: _____
 Purpose: (Check one and provide description below.) Legislative Governmental Charitable
 Describe the legislative, governmental, charitable purpose, or event: _____
 Donation to 25th Annual Charity Gala 2010

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 3-29-10 | By Leroy D. Baca
 DATE | SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		RECEIVED BY LOS ANGELES COUNTY 2010 APR 12 PM 4:33 CAMPAIGN FINANCE DISCLOSURE SECTION	California Form 803 For Official Use Only
Baca, Leroy D.			
Agency Name			
Los Angeles County Sheriff's Department			
Agency Street Address			
4700 Ramona Boulevard, 4th Floor, Monterey Park, CA, 91754			
Designated Contact Person (Name and title, if different)		<input type="checkbox"/> Amendment (See Part 5)	
Dawn Zamudio		Date of Original Filing: _____	
Area Code/Phone Number	E-mail (Optional)	(month, day, year)	
323-526-5120	dzamudi@lasd.org		

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

Rose, Snyder & Jacobs

Name

15821 Ventura Boulevard, Suite 490	Encino	CA	91436
Address	City	State	Zip Code

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

Sheriff's Youth Foundation

Name

4700 Ramona Boulevard, 4th Floor	Monterey Park	CA	91754
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 03/03/10 Amount of Payment: (In-Kind FMV) \$ 5,000.00

(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: _____

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

Describe the legislative, governmental, charitable purpose, or event: _____

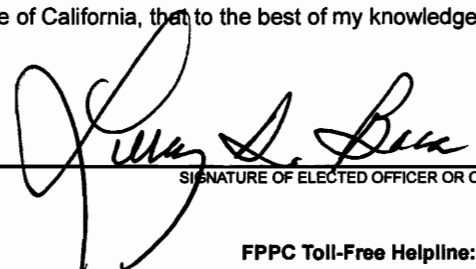
Donation to Annual Fundraiser "Salute to Youth" Gala

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 3-29-10 DATE

By  SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER