

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
Frost, Sue Agency Name		Clerk of the Board of Supervisors JAN 20 2017	
Sacramento County Supervisor Agency Street Address			<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ (month, day, year)
700 H Street Designated Contact Person (Name and title, if different)			
Area Code/Phone Number	E-mail (Optional)		
916-597-5325	frostsu@saccounty.net		

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

Sacramento County Probation Association PAC ID#1315755

Name _____

9719 Lincoln Village Drive Sacramento CA
 Address City State Zip Code

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

Citizens for Accountable Local Government ID#129107

Name _____

9321 Silverbend Lane Elk Grove CA 95624
 Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 12/20/2017 Amount of Payment: (In-Kind FMV) \$ 1500
 (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: Sponsorship for event.

5. Amendment Description and/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 1/12/2017 By Sue Frost
DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER