# **Behested Payment Report**

COUNTY OF SACRAMENTO

A Public Document BOARD OF SUPERVISORS

Behested Payment Report

1.	. Elected Officer or CPUC	: Member (Last name, F	<sup>⊏</sup> irst name)	201-Pate Stamp	California 803			
	Anne Marie Schubert			LUIT DEG - I	Form GGG			
	Agency Name				For Official Use Only			
	Sacramento County District	Attorney's Office		]				
	Agency Street Address	-,		1				
	901 G Street, Sacramento,	CA 95814						
	Designated Contact Person (/		-	☐ Amendment (See	Part 5)			
	Joanie Friedenbloom, Admi	<del></del>	fficer	Date of Original Filing				
		E-mail (Optional)	la ora	Date of Original Filing	(month, day, year)			
<del>-</del>	916-874-7791	friedenbloomj@sacc						
۷.	Payor Information (For additional payors, include an attachment with the names and addresses.)							
	Motel 6 Operating, L.P.							
	4001 International Parkway	,	On					
	Address Address		Carrollton City	TX State	75007 Zip Code			
3.	Payee Information (For add	ditional navees include as			Zip Code			
	. Payee Information (For additional payees, include an attachment with the names and addresses.)							
	Sacramento Family Justice Center							
	Name 3341 Power Inn Rd		0-					
	Address Address		Sacramento city	CA State	95826 Zip Code			
4.	Payment Information (Con	nnlete all information 1						
	44.0			* E0 000 00				
	Date of Payment: 11/5/17 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:							
			M					
	Purpose: (Check one and provide description below.)							
	Describe the legislative, governmental, charitable purpose, or event:  The funds paid for a sponsorship to the							
ē	annual fundraising event (Hop	pe Inrives Here Dinn	er/Fundraiser)					
5.	Amendment Description and/or Comments							
•								
	Verification							
<b>,</b> .	v er moatiOH							
	I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contains							
1	herein is true and complete.							
		117	Ha III	XXV				
	Executed on11/28/	DV	11/11/11/2	th LV				

# **Behested Payment Report**

CALIFORNIA 803

Form 803 is used by elected officers and members of the California Public Utilities Commission (CPUC) to disclose payments made at their behest, principally for legislative, governmental, or charitable purposes. This form was prepared by the Fair Political Practices Commission (FPPC) and is available at www.fppc.ca.gov.

## When to File

File Form 803 within 30 days following the date on which the payment(s) meets or exceeds \$5,000 in the aggregate from a single source in a calendar year. Once a single source has made a behested payment of \$5,000 or more during the calendar year, subsequent payments of any amount from that source must be reported.

#### Where to File

State Officials: The official's state agency must receive Form 803 within 30 days of the date the behested payment is made. Within 30 days after receipt of the report, the state agency must forward a copy to the FPPC at:

428 J Street, Suite 620, Sacramento, CA 95814 Fax: 916-322-0886 E-mail: <u>Form803@fppc.ca.gov</u>

<u>Local Officials</u>: The official's local agency must receive Form 803 within 30 days of the date the behested payment is made. Within 30 days after receipt of the report, the agency must forward a copy to the filing officer who receives the official's original campaign statements.

General Information: Behested payments are payments made principally for legislative, governmental, or charitable purposes under Government Code Section 82015(b)(2)(B)(iii). These payments are not for personal or campaign purposes. Generally, a donation is made at the behest if it is requested, solicited, or suggested by the official, or otherwise made to a person in cooperation, consultation, coordination with, or at the consent of, the elected officer or CPUC member. This also includes payments behested by the official's agent or employee on the official's behalf.

**Exception:** If the behested payment is made by a state, local, or federal government agency and is principally for legislative or governmental purposes, the payment does not have to be reported.

**Privacy Information Notice:** Information requested by the FPPC is required by and used to administer and enforce the Political Reform Act. Failure to provide information may be a violation subject to administrative, criminal, or civil penalties. All reports and statements are public records available for inspection and reproduction. If you have any questions, please contact the FPPC's General Counsel at 428 J Street, Suite 620, Sacramento, CA 95814 or (916) 322-5660.

#### Instructions

**Part 1 - Identification:** Identify the official's name, agency, address, and contact information. Mark the amendment box if changing information on a previously filed Form 803 and include the date of the original filing.

**Part 2 - Payor Information:** Disclose the name and address of the person making the payment. A business address is acceptable.

**Part 3 - Payee Information:** Identify the name and address of the person receiving the payment, if applicable. A business address is acceptable.

Part 4 - Payment Information: Disclose the payment date and amount using the fair market value (FMV) for donated inkind goods or services. Check one box to identify the type of payment and provide a description if the payment is an in-kind good or service. Check one box to identify the purpose and provide a description.

**Part 5 - Amendment Description or Comments:** Complete this section if amending a previously filed Form 803 or to provide additional or clarifying information.

**Part 6 - Verification:** Date and sign the form under penalty of perjury.

### Example

On April 24, 20XX, at CPUC Member Tully's request, the ABC Corporation made a monetary donation of \$5,000 to the Boys and Girls Club.

ABC Corporation				
1234 Alpha Ave.,	Sacramento	CA	95814	
Address	City	State	Zip Code	
. Payee Information (For additional pay	rees, include an attachment with the names and add	resses.)		
The Boys and Girls Club				
5678 Bravo Blvd.,	Sacramento	CA	95814	
Address	City	State	Zip Codo	
Payment Information (complete as information)  Date of Payment: April 24, 20XX (month, day; year)  Amount of Payment: (in-Kind FMN) \$ 5,000 (Round to whole dollars)  Payment Type:   Monetary Donation or   In-Kind Goods or Services (Provide description below)				
Brief Description of In-Kind Payme	ent:			
Purpose: (Check one and provide description to Describe the legislative, governme organization			ilable s community service	