Behested Payment Report

COUNTY OF SACRAMENTO A Public Document OF SUPERVISORS

Behested Payment Report

1. Elected Officer or CPU Schubert, Anne Marie	C Member (Last name, First na	JAN Page Spamp 1: 54	California 803	
Agency Name			For Official Use Only	
Sacramento County Distri	ct Attorney's Office			
Agency Street Address				
901 G Street, Sacramento	o, CA 95814		•	
Designated Contact Person (Name and title, if different)			Amendment (See Part	*
Area Code/Phone Number	E-mail (Optional)	·	Date of Original Filing: _	01/08/2020
(916) 874-6218	L-man (Optional)			(month, day, year)
2. Payor Information (For a	dditional pavors, include an attachr	ment with the names and a	addresses.)	
see attached	additional payore, morado un allaom			
Name				
Address		City	State	Zip Code
3. Payee Information (For a	dditional payees, include an attach	ment with the names and	addresses.)	
Institute for DNA Justice				
Name Name	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	·
455 Capitol Mall, Suite 60	0	Sacramento	CA	95814
Address		City	State	Zip Code
4. Payment Information (C	Samulata all information \			•
			ann attached	
Date of Payment:	httached , day, year) Amount o	of Payment: (In-Kind FM	(Round to whole d	ollars)
•		or ☐ In-Kind Go	oods or Services (Provide	
i dymone typo.	Monetary Donation		Jours of Oct Viocs (Floward	description below.)
Brief Description of In-Ki	nd Payment:			
Demonstration		. – –		
Purpose: (Check one and provide				
Describe the legislative,	governmental, charitable p	urpose, or event:	promote the value and	d best practice model
of investigative genetic ge	nealogy			
5. Amendment Description	on and/or Comments			
o. Amendment bescripti	on and/or Comments			
				· · · · · · · · · · · · · · · · · · ·
6. Verification		*		
o. Vernication				
I certify, under penalty of perju	ry under the laws of the State o	of California, that to the	best of my knowledge, the	e information contained
herein is true and complete.	•	1 1	0 41 444	-
7 7			$(' \land $	
110/2	26)	AL 111	$\bigvee I$	
Executed on	By	/ // // SIGNATIVE	RÉ OF ELECTED OFFICER OR CPUC	MEMBER

Date of Original Filing: 01/08/2020 ☐ Amendment

Elected Officer:

2. Payor Information

Schubert, Anne Marie

Document	Behested Payment Report					
	California 803					
	Continuation Page					
	2	of	2			
4. Payment Information						
Date of Payme	ent:	12/19/19				
Amount of Pa	yment:	\$ 5,00	00			
	:					
4. Payment Information						
Date of Paymo	ent:	12/26	6/19			
Amount of Pa	yment:	\$ 10,0	000			
4. Payment Information						

Elk Grove Toyota				Date of Payment:	12/19/19
Name 9640 West Stockton			,		
Blvd	Elk Grove	CA	95757	Amount of Payment:	\$5,000
Address	City	State	Zip Code	_ /ount off aymonu	
2. Payor Information		4. Payment Information			
Pacific Coast Compar	nies. Inc.	Date of Payment:	12/26/19		
Name				-	
	Rancho			· · · · · · · · · · · · · · · · · · ·	
PO Box 419074 Address	Cordova	CA State	95741 Zip Code	_ Amount of Payment:	\$10,000
Address	City	State	Zip Code		
2. Payor Information			4. Payment Information		
en e				Date of Payment:	•
Name					
				Amount of Payment:	\$
Address	City	State	Zip Code		•
2. Payor Information			4. Payment Information		
				Date of Payment:	
Name					
				Amount of Payment:	\$
Address	City	State	Zip Code		
2. Payor Information			4. Payment Information	n	
				Date of Payment:	\$
Name					
				Amount of Payment:	\$
Address	City	State	Zip Code	-	