

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Schubert, Anne Marie		2020 JAN 13 PM 1:54 Date Stamp	California Form 803 For Official Use Only
Agency Name Sacramento County District Attorney's Office			
Agency Street Address 901 G Street, Sacramento, CA 95814			
Designated Contact Person (Name and title, if different)		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number (916) 874-6218	E-mail (Optional)	Date of Original Filing: <u>01/08/2020</u> (month, day, year)	

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

see attached

Name

Address

City

State

Zip Code

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

Institute for DNA Justice

Name

455 Capitol Mall, Suite 600

Sacramento

CA

95814

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: see attached
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ see attached
(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: promote the value and best practice model of investigative genetic genealogy

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 1/9/2020
DATE

By [Signature]
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

