Behested Payment Report	A Public Document RECEIVED Behested Payment Report					
1. Elected Officer or CPUC Member ELSBERND, SEAN	(Last name, First name)	PART MAY A SAME SOO	Form For Official Use Cirly			
Agency Name	SANFRA	ENGGO - PM 4: 4	L.			
BOARD OF SUPERVISORS Agency Street Address	ETHIOS GC	1.11.2 (19)	and francisco			
1 DR. CARLTON B. GOODLETT PLA	CE, ROOM 244	nation to the first defending and provide department of the contract of the co				
Designated Contact Person (Name and tit		Amendment (See Part	5)			
Area Code/Phone Number E-mail (O)	otional)	Date of Original Filing: _	(month day year			
(415) 732-7700	,		(DOM) GBY Yes			
2. Payor Information (For additional payor	ors, include an attachment with the names a	na addresses.)				
SEE ATTACHED FOR COMPLETE L	IST					
Name	The state of the s					
Address	City	State ·	. Zip Coile .			
3. Payee Information (For additional payer	ees, include an attachment with the names a	and addresses.)				
SAN FRANCISCO CHILD ABUSE PF	REVENTION CENTER					
Name			01117			
1757 WALLER STREET	SAN FRANCISCO	CA State	94117 Zip Code			
Address		State				
4. Payment Information (Complete all info.	rmation.)					
Date of Payment: SEE ATTACHED (month, day, year)	Amount of Payment: (In-Kin	d FMV) \$(Round to whole d	Iollars.)			
Payment Type: Monetary	y Donation or 🔲 In-Kind	Goods or Services (Provide	description below)			
•						
Brief Description of In-Kind Paymer	III.					
Purpose: (Check one and provide description bel	<u> </u>	vernmental ⊠ Char L. TO PREVENT CHILD				
Describe the legislative, governmen	ntal, charitable purpose, or event	t: TO FILVEIN CHIEB	ABOOL AND			
NEGLECT, AND TO PROMOTE HEA	LTHY FAMILIES AND THE MENT	AL HEALTH OF CHILDRE	EN			
5. Amendment Description or Com	iments	and the state of t				
6. Verification .						
I certify, under penalty of perjury under the herein is true and complete.	laws of the State of California, that to	the best of my knowledge. th	e information contained			
4/201/17						
Executed on The Date	By					

<u>DATE</u>	<u>NAME</u>	AN	<u>IOUNT</u>	<u>ADDRESS</u>		CITY	STATE	ZIP
3/30/2012	Pacific Gas & Electric Company	\$	5,000.00			San Francisco	CA	94105
4/2/2012	Wells Fargo Bank, N.A.	\$	5,000.00		T MANUAL TIME	San Francisco	CA	94104