<b>Behested Payment</b>	Report	A Public Do	cument		Behested Payment Report
1. Elected Officer or CF	PUC Member (Last name, I	First name)		ate Stamp	California 202
Gascon, George				13 MAR 12	Form For Official Use Only
Agency Name	•			SAMFRA	
San Francisco District Attorney's Office  Agency Street Address			<u>7.01</u> B HAR -	- FTA 5:00	MISSION
TA BEST AND SERVED			VENEYEDEK	i ' · · ·	
850 Bryant Street Rm 3  Designated Contact Pers	on (Name and title, if different)			Antonio de la companio del la companio de la companio del la companio de la companio del la companio de la companio de la companio del la companio de la companio del la companio	The State of Contract
Tara Anderson, Grants & Policy Manager			Am	endment (See Par	<sup>†</sup> 5)
Area Code/Phone Number   E-mail (Optional)			Date of	Original Filing: _	(month, day, year)
(415) 553-1203	tara.anderson@sfgo	v.org			(month, day, year)
2. Payor Information (F	or additional payors, include an	attachment with the na	mes and addresses	.)	
Zellerbach Family Foun	dation				
Name					Will all the second sec
AND THE RESIDENCE OF THE PARTY		San Francisco		CA	94105
Address	and the state of t	City		State	Zip Code
3. Payee Information (F	or additional payees, include an	attachment with the na	ames and addresse	s.)	
National Council on Cri	me and Delinquency (NCC	D)			
Name	<u>Sav</u> orania (1970-1984)	- = 1	*	11 No.	THE RESIDENCE OF THE PROPERTY
Address	2	Oakland		CA State	94612 Zip Code
Date of Payment: Oct	ober 1, 2012 Amo	ount of Payment:	(In-Kind FMV) \$ 44	,000	1
Date of Payment:	onth, day, year)	ount of Payment:	(In-Kind FMV) Ψ	(Round to whole	dollars.)
Payment Type:	☑ Monetary Donation	or 🔲 in-	Kind Goods or	Services (Provide	description below.)
Brief Description of In	-Kind Payment:				
Diter Description of in	-ittiid i dymone	Manager		yes the second	
		· :	with the state of		
Purpose: (Check one and pro	ovide description below.)	egislative 🗵	Governmental	☐ Chai	
Describe the legislativ	e, governmental, charita	ble purpose, or e	event: This gr	ant to NCCD s	upports collaboration
with CCSF that address	es youth offenders throug	h restorative comr	munity conferen	cing (RCC).	
5. Amendment Descrip	tion or Comments				
	following:Educate key cit	//county partners			
	s to determine the level of				
adapted to meet partner	s' needs; Modify forms ar	d referral and lega	al protocols for a	III referring bod	ies (e.g., schools,
agreements) between a	t Attorney, and courts);De Il referring entities and no	nprofit RCC facilita	oranda or Onde itors.	rstanding (inci	uding confidentiality
6. Verification					
	erjury under the laws of the S	State of California, th	at to the best of n	ny knowledge, th	e information contained
herein is true and complete	<del>.</del>				
Executed on <u>3-1</u>	-20(3 DATE	y			
	DATE	,	F ELECT	ED OFFICER OR CPU	MEMBER