

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		Date stamp FILED 13 DEC 20 PM 4:43 SAN FRANCISCO ETHICS COMMISSION	California Form 803 For Official Use Only
Gascón, George			
Agency Name			
San Francisco District Attorney			
Agency Street Address			
850 Bryant Street, 3rd Floor San Francisco, CA 94103			
Designated Contact Person (Name and title, if different)			
Rebecca Prozan, Director of Community Relations			
Area Code/Phone Number	E-mail (Optional)	Date of Original Filing: _____ (month, day, year)	
4155582449	rebecca.prozan@sfgov.org	<input type="checkbox"/> Amendment (See Part 5)	

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

Andrew Lindsay, Jawbone

Name

Address: [Redacted] San Francisco CA 94103
City State Zip Code

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

San Francisco District Attorney's Office

Name

Address: [Redacted] San Francisco CA 94103
City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 12/3/13 Amount of Payment: (In-Kind FMV) \$ 400.00
(month, day, year) (Round to whole dollars.)

Payment Type: Monetary Donation or In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: Jambox for 2nd Place winner of Video Contest for Youth

Purpose: (Check one and provide description below.) Legislative Governmental Charitable

Describe the legislative, governmental, charitable purpose, or event: Anti Cyberbullying Video Contest
allows youth from all over San Francisco to produce a video and compete in a competition.

5. Amendment Description 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 12-19-13 By _____
DATE OFFICER OR CPUC MEMBER

