

Behested Payment Report

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ORIGINAL

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Gascón, George		FILED 13 DEC 20 PM 4:44 SAN FRANCISCO ETHICS COMMISSION	California Form 803 For Official Use Only
Agency Name Office of the District Attorney			
Agency Street Address 850 Bryant St., 3rd Floor, San Francisco, CA 94103			
Designated Contact Person (Name and title, if different) Robyn Burke		BY <input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number 4155531742	E-mail (Optional)	Date of Original Filing: _____ (month, day, year)	

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

Golden State Warriros

Name _____

Address _____ City: Oakland State: CA Zip Code: 94607

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

Ian Liffmann

Name _____

Address _____ City: San Francisco State: CA Zip Code: 94110

4. Payment Information (Complete all information.)

Date of Payment: 12/19/2013 Amount of Payment: (In-Kind FMV) \$ \$399.00
(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: Signed ball by the Golden State Warriors.

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

Describe the legislative, governmental, charitable purpose, or event: Tickets & ball used to entice people to take a survey that provided insights into the effectiveness of a technological solution to smartphone theft and raise awareness.

5. Amendment Description or Comments

Ian Liffman received the autographed ball.

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 SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER