Behested Payment Report   A Public Document

1. Elected Officer or CPUC Member *(Last name, First name)*

Gascon, George

Agency Name

San Francisco District Attorney's Office

Agency Street Address

850 Bryant Street, Suite 322 San Francisco, CA 94103

Designated Contact Person *(Name and title, if different)*

Tara Anderson Policy and Grant Manager

Area Code/Phone Number	**E-mail** *(Optional)*
415-553-1203	Tara.Anderson@sfgov.org

Date Stamp

FILED
14 MAR 21 PM 12: 21
SAN FRANCISCO
ETHICS COMMISSION
BY

2014 MAR 10 P

California Form 803

For Official Use Only

☐ **Amendment** *(See Part 5)*

Date of Original Filing: _____
(month, day, year)

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

Sojourn to the Past

Name

	San Francisco	CA	94066
Address	**City**	**State**	**Zip Code**

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

Lennar Communications

Name

	San Francisco	CA	94111
Address	**City**	**State**	**Zip Code**

4. Payment Information *(Complete all information.)*

Date of Payment: Feb. 21, 2014
(month, day, year)

Amount of Payment: *(In-Kind FMV)* $ 5,000.00
(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: Support for collaborative pilot education program initiated by the San Francisco District Attorney's Office.

5. Amendment Description or Comments

Support for collaborative "I Am the Change" pilot program (DAs office with Bayview Hunter's Point YMCA and Sojourn to the Past), to engage SF truant youth in the nationally honored Sojourn to the Past living history, academic immersion journey designed to motivate them toward personal success and civic responsibility. Support will provide for the identified participants' curriculum materials and books, air/on ground moving classroom travel, lodging, meals, museum entrance fees, speaker honorariums, security, transporting instructional equipment, rental of classroom space.

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 __3-7-14__   By _____
          DATE   SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER