

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		FILED	Date Stamp	California Form 803 For Official Use Only
Gascon, George				
Agency Name		14 MAR 21 PM 12:21	2014 MAR 10 PM 2:59	
San Francisco District Attorney's Office		SAN FRANCISCO DISTRICT ATTORNEY'S OFFICE		
Agency Street Address		ETHICS COMMISSION		
850 Bryant Street, Suite 322 San Francisco, CA 94103		SAN FRANCISCO, CALIFORNIA		
Designated Contact Person (Name and title, if different) BY		<input type="checkbox"/> Amendment (See Part 5)		
Tara Anderson Policy and Grant Manager		Date of Original Filing: _____ (month, day, year)		
Area Code/Phone Number	E-mail (Optional)			
415-553-1203	Tara.Anderson@sfgov.org			

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

Sojourn to the Past

Name _____

Address _____ San Francisco CA 94066

City State Zip Code

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

M/M Sandy Dean

Name _____

Address _____ San Francisco CA 94111

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) \$ 3,000.00 (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 DATE By [Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER