

Behested Payment Report

A Public Document

Behested Payment Report

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

Gascón, George

Agency Name

Office of the District Attorney

Agency Street Address

850 Bryant Street, Room 322

Designated Contact Person (Name and title, if different)

Eugene Clendinen, Chief Administrative & Financial Officer

Area Code/Phone Number

415-553-1895

E-mail (Optional)

eugene.clendinen@sfgov.org

Date Stamp

FILED

2015 APR -9 PM 4:27

SAN FRANCISCO ETHICS COMMISSION

California Form 803

For Official Use Only

BY Amendment (See Part 5)

Date of Original Filing: 04/07/2015 (month, day, year)

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

The San Francisco Foundation

Name

[Redacted Address]

San Francisco

CA

94111

Address

City

State

Zip Code

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

Office of the District Attorney

Name

[Redacted Address]

San Francisco

CA

94103

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 04/07/2015 (month, day, year)

Amount of Payment: (In-Kind FMV) \$ 25,000 (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: To hire a temporary attorney at the Office of the District Attorney to review Prop 47 reclassifications.

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 4/7/2015 DATE

By [Redacted Signature] CPUC MEMBER