

Behested Payment Report

A Public Document

COUNTY OF SACRAMENTO
BOARD OF SUPERVISORS

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) FROST, SUE		Date Stamp 2021 FEB 11 PM 3:	California 803 Form For Official Use Only
Agency Name SACRAMENTO COUNTY			
Agency Street Address 700 H STREET, SUITE 2450, SACRAMENTO, CA 95814			
Designated Contact Person (Name and title, if different) Sue Frost, County Supervisor District 4		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number 916-207-7960	E-mail (Optional) sue@suefrost.net	Date of Original Filing: <u>2/9/2021</u> (month, day, year)	

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

Sacramento County DEPUTY SHERIFF'S ASSOCIATION

Name 640 Bercut Drive			
Sacramento		CA	95811
Address	City	State	Zip Code

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

GORILLA LEARNING INSTITUTE

Name 5620 BIRDCAGE STREET, #200			
CITRUS HEIGHTS		CA	95610
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 1/9/2021 Amount of Payment: (In-Kind FMV) \$ 5,000.00
(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: _____

Purpose: (Check one and provide description below.) Legislative Governmental Charitable
 RE-OPEN CAL NOW PUBLIC POLICY CONFERENCE

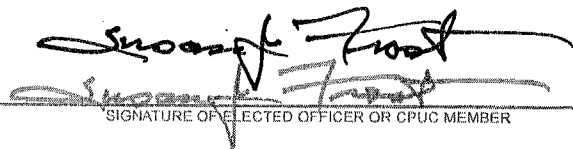
Describe the legislative, governmental, charitable purpose, or event: _____
 A project of Gorilla Learning Institute To Educate the public on U.S. Constitution, History, Civics and the Free Enterprise System

5. Amendment Description and/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 2/9/2021
DATE

By 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

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