

Behested Payment Report

A Public Document

Behested Payment Report

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

Date Stamp

California Form 803

For Official Use Only

Agency Name SACRAMENTO COUNTY

2021 FEB 11 PM 3:30

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

Amendment (See Part 5)

Date of Original Filing: 2/9/2021 (month, day, year)

Area Code/Phone Number 916-207-7960

E-mail (Optional) sue@suefrost.net

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

Philip Oates

Name

555 Capitol Mall Sacramento CA 95814
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: 1/15/2021 Amount of Payment: (In-Kind FMV) \$ 5,000.00
(month, day, year) (Round to whole dollars.)

Payment Type: [X] 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 [X] 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] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

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