

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) FROST, SUE		Date Stamp 2021 FEB 11 PM 3:03	California Form 803 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: 2/9/2021 (month, day, year)	

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

D & E LAND CO, LLC

Name	2045 East Tahquitz Canyon Way	Palm Springs	CA	92262
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: 1/4/2021 (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: RE-OPEN CAL NOW PUBLIC POLICY CONFERENCE

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

---



---

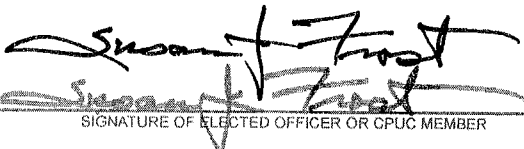


---

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

Clear Page

Print