

Behested Payment Report

A Public Document

COUNTY OF SACRAMENTO Behested Payment Report
BOARD OF SUPERVISORS

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

SCHUBERT, ANNE MARIE

Agency Name

Sacramento County District Attorneys Office

Agency Street Address

901 G STREET, SACTO, CA. 95814

Designated Contact Person (Name and title, if different)

2019 NOV 12 PM 3:38

California Form 803

For Official Use Only

Amendment (See Part 5)

Date of Original Filing: _____
(month, day, year)

Area Code/Phone Number

916-874-7000

E-mail (Optional)

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

California Correctional Peace Officers Association

Name

155 Riverpoint Drive, West Sacramento CA 95605

Address

City

State

Zip Code

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

Institute of DNA Justice

Name

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 11-5-19
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 10,000.00
(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: _____

INSTITUTE OF DNA JUSTICE - 501(C)(3)

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 11/12/19
DATE

By [Signature]
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER