

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	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: 2/9/2021 (month, day, year)	

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

DIVERSIFIED PACIFIC OPPORTUNITY FUND 1, LLC

Name 10621 Civic Center Drive				
Address		City Rancho Cucamonga	State CA	Zip Code 91730

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

GORILLA LEARNING INSTITUTE

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

4. Payment Information (Complete all information.)

Date of Payment: 12/31/2020 (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] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

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