

Behested Payment Report

A Public Document

COUNTY OF SACRAMENTO  
BOARD OF SUPERVISORS

Behested Payment Report

<b>1. Elected Officer or CPUC Member</b> (Last name, First name)		Date Stamp	<b>California Form 803</b> For Official Use Only
Supervisor Phil Serna		2020 JAN 16 PM 1:45	
<b>Agency Name</b>			
Sacramento County			
<b>Agency Street Address</b>			
700 H Street, Suite 2450 Sacramento CA 95814			
<b>Designated Contact Person</b> (Name and title, if different)		<input type="checkbox"/> Amendment (See Part 5)	
Amber Moran Wannell		<b>Date of Original Filing:</b> _____ (month, day, year)	
<b>Area Code/Phone Number</b>	<b>E-mail</b> (Optional)		
916-718-4004	amber@amwconsulting.net		

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

Sierra Health Foundation

Name

1321 Garden Highway Sacramento CA 95833

Address City State Zip Code

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

Washington Neighborhood Center

Name

400 16th Street Sacramento CA 95814

Address City State Zip Code

**4. Payment Information** (Complete all information.)

**Date of Payment:** 01/15/20 (month, day, year)      **Amount of Payment:** (In-Kind FMV) \$ 5000 (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:** Money raised for Department of Human Assi

**5. Amendment Description and/or Comments**

The Center has provided residents of the Alkali Flat and Washington neighborhoods a wide complement of programs and services for over 50 years. Offering programs in the arts, education, recreational activities, health, culture and an overall emphasis on the development of youth, the Center and its programs have served as a refuge for many who reside in a troubled environment.

**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 1/15/2020 DATE

By Phil Serna SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER