

Behested Payment Report

A Public Document

Behested Payment Report

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

COUNTY OF SACRAMENTO
BOARD OF SUPERVISORS
Date Stamp

California Form 803

For Official Use Only

Supervisor Phil Serna

Agency Name

Sacramento County

Agency Street Address

700 H Street, Suite 2450, Sac CA 95814

Designated Contact Person (Name and title, if different)

Amber Moran Wannell

Area Code/Phone Number

E-mail (Optional)

916-718-4004

amber@amwconsulting.net

4 OCT -7 PM 3:14

Amendment (See Part 5)

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

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

Name Goodwill Industries

Address 8001 Folsom Blvd Sacramento CA 95826
City State Zip Code

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

Name WIND Youth Services

Address 701 Dixieanne Ave Sacramento CA 95815
City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 08/18/14 Amount of Payment: (In-Kind FMV) \$ 10,000
(month, day, year) (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: The event is to raise money for a homeless youth emergency shelter.

5. Amendment Description 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 10.07.14
DATE

By [Signature]
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER