

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Supervisor Phil Serna		Date Stamp COUNTY OF SACRAMENTO BOARD OF SUPERVISORS 4 MAR 18 PM 12:00	California Form 803 For Official Use Only
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		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number 916-718-4004	E-mail (Optional) amber@amwconsulting.net	Date of Original Filing: _____ (month, day, year)	

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.)

People & Resources Together
Name

2433 Marconi Ave Sacramento CA
Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: _____ Amount of Payment: (In-Kind FMV) \$ _____
(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: _____

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 3/18/14
DATE

By 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER