Behested	Paymen	t Report
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A Public Document

Behested Payment Report

I. Elected Officer or CPUC	Member (Last name, First name)	COUNT	Y OF BAGRADAENTO	California 803		
Supervisor Phil Serna		BOARD	OF SUPERVISORS	I OIIII		
Agency Name		1 50 50 50		For Official Use Only		
Sacramento County		15146	3 18 AM 9: 47			
Agency Street Address						
700 H Street, Suite 2450 Sa	acramento CA 95814					
Designated Contact Person (Name and title, if different)			Amendment (See Part	5)		
Amber Moran Wannell			Amendment (500 7 and			
Area Code/Phone Number	E-mail (Optional)		Date of Original Filing: _	(month, day, year)		
916-718-4004	amber@amwconsulting.net			(memily day) yeary		
2. Payor Information (For ad	lditional payors, include an attachment with th	e names and ac	ddresses.)			
Plumbers & Pipefitters, Loc	al 447					
Name						
5841 Newman Ct	Sacramen	to	CA	95814		
Address	City		State	Zip Code		
3. Payee Information (For ad	lditional payees, include an attachment with t	he names and a	ddresses.)			
Music on a Mission						
Name						
1809 S Street, #101-368	Sacramen	to	CA	95811		
Address	City		State	Zip Code		
4. Payment Information (Co	amplete all information					
	7/15		5000			
Date of Payment:(month, day, year) Amount of Payment: (In-Kind FMV) \$(Round to whole dollars.)						
Payment Type: Monetary Donation or In-Kind Goods or Services (Provide description below.)						
Montally Donation of Minima Double of Control of Montal Double						
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 Departme	nt of Human Assistance scholarship	S.				
E Amandmant Decarinties	n au Cammanta					
5. Amendment Description		from low inco	ome families who are	nursuing a two or four		
DHA Scholarship program awarded to local graduating Seniors from low income families who are pursuing a two or four years education in any field of study at an accredited college, university, technical or trade school.						
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.						
	<i>-</i>		\mathcal{D}			
Executed on 02. /	715 - 1	inil	61-			
Executed on	DATE By	SIGNATURE	E OF ELECTED OFFICER OR CPI	IC MEMBER		