

Behested Payment Report

A Public Document

Behested Payment Report

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

Supervisor Patrick Kennedy

Date Stamp

California Form 803

Agency Name

Sacramento County

COUNTY OF SACRAMENTO BOARD OF SUPERVISORS

Agency Street Address

700 H Street, Suite 2450 Sacramento CA 95814

15 JUL 30 PM 1:55

Designated Contact Person (Name and title, if different)

Amber Moran Wannell

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.)

At&T

Name: 1215 K Street, Suite 1110 Sacramento CA 95814
Address: City State Zip Code

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

Gifts to Share-Land Park Amphitheater

Name: 915 I Street, Suite 205 Sacramento CA 95814
Address: City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 07/29/15 (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: _____
The event is to raise funds to revitalize the Land Park Amphitheater.

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 7/30/15 DATE

By [Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER