# Behested Payment Report   A Public Document

Behested Payment Report

**California Form 803**

For Official Use Only

*COUNTY OF SACRAMENTO*
*BOARD OF SUPERVISOR* Date Stamp

`15 FEB 3 PM 12:39`

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

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 |

☐ **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: Kaiser Permanente

| Address | City | State | Zip Code |
|---|---|---|---|
| 75 N Fair Oak Ave | Pasadena | CA | 91103 |

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

Name: WIND Youth Services

| Address | City | State | Zip Code |
|---|---|---|---|
| 1722 J Street, 3rd Floor | Sacramento | CA | 95811 |

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

Date of Payment: 1/30/15 *(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 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 2/2/15 _____ DATE

By _____ *(signature)*
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

<del>FPPC Form 803 (December/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)</del>