

Behested Payment Report

A Public Document

Behested Payment Report

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 Sacramento CA 95814

Designated Contact Person (Name and title, if different)

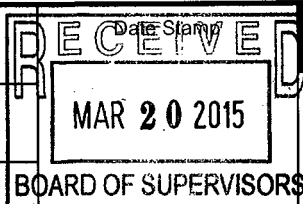
Amber Moran Wannell

Area Code/Phone Number

916-718-4004

E-mail (Optional)

amber@amwconsulting.net



California Form 803

For Official Use Only

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.)

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.)

Music on a Mission

Name

1809 S Street, #101-368

Sacramento

CA

95811

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 03/18/15 (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: Money raised for Department of Human Assistance scholarships.

5. Amendment Description or Comments

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.

Executed on 03.18.15 DATE

By [Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER