Behested Payment Report

A Public Document

Behested Payment Report

1.	Elected Officer or CPUC	Member (Last name, First name)	COUN	NTY OF SACRAMENTO RD OF SUPERVISORS	California 803	
	Supervisor Phil Serna		BOAI	KD OF SUPERVISORS	FOIIII	
	Agency Name		1C M	AD 20 AMIL-21	For Official Use Only	
	Sacramento County			AR 28 AM II: 21		
	Agency Street Address]		
	700 H Street, Suite 2450 Sa			-		
	Designated Contact Person (N	esignated Contact Person (Name and title, if different)			Amendment (See Part 5)	
	Amber Moran Wannell					
	Area Code/Phone Number 916-718-4004	E-mail (Optional) amber@amwconsulting.net		Date of Original Filing: _	(month, day, year)	
2.	Payor Information (For add	ditional payors, include an attachment with th	e names and	addresses.)		
	Yellow Cab of Sacramento	ellow Cab of Sacramento				
	Name					
	900 Richards Blvd	Sacramen	to	CA	95811	
	Address	City		State	Zip Code	
3.	Payee Information (For add	ditional payees, include an attachment with t	he names and	addresses.)		
Music on a Mission						
	Name					
	1809 S Street, #101-368	Sacramen	to	CA	95811	
	Address	City		State	Zip Code	
4.	Payment Information (Con	mplete all information.)		ezada sub salarus e vincir epob den antarco consentito. Viso tobro de como co intro (senten		
Date of Payment: 03/25/16 Amount of Payment: (In-Kind FMV) \$ \frac{5000}{(Round to whole dollars.)} Payment Type: Monetary Donation or \square In-Kind Goods or Services (Provide description below.)					dollars.)	
Dui-f Description of In Kind Downsonts						
Brief Description of In-Kind Payment:						
	Purpose: (Check one and provide description below.)					
	Describe the legislative, governmental, charitable purpose, or event:					
		•				
Money raised for the Department of Human Assistance scholarships						
<u>-</u>	Amendment Description	n and/or Comments				
	These scholarships are awarded to local graduating seniors from low-income families who are pursuing a two- or for year education in any eld of study at an accredited college, university, technical or trade school.					
	year education in any eld of	i study at an accredited college, un	iversity, tec	milical of trade School.		
-	Verification					
o. vermeauon						
	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.					
	nerein is true and complete.					
	nerein is true and complete.					
	Executed on 03. 27					