Behested Payment Re	port	A Public Do	cume	ent CON ME	Rehested Payment Report
1. Elected Officer or CPUC	irst name)	D)L	E Coatestamp\ [California 202	
Supervisor Phil Serna			IVI		Porm
Agency Name			11 77	APR 112016	For Official Use Only
Sacramento County					
Agency Street Address				And the second s	4
700 H Street, Suite 2450 Sacramento CA 95814			BO	OF SUPERVIS	PRS '
Designated Contact Person (Name and title, if different)				Amendment (See Part 5)	
Amber Moran Wannell				Date of Original Fillings	
Area Code/Phone Number 916-718-4004	E-mail (Optional) amber@amwconsult	ting.net		Date of Original Filing: _	(month, day, year)
2. Payor Information (For ad	l Iditional pavors, include an a	uttachment with the nam	es and	laddresses.)	
Sierra Health Foundation	,			,	
Name					
1321 Garden Highway Foundation Sacramento				CA	95833
Address		City		State	Zip Code
3. Payee Information (For ad	Iditional pavees, include an a	attachment with the nar	nes and	addresses.)	
Music on a Mission	, , , , , , , , , , , , , , , , , , , ,			•	
Name 455 Capitol Mall, Suite 801		Sacramento		CA	95814
Address		City		State	Zip Code
4. Payment Information (Co					
Date of Payment: 03/2	14/16	unt of Payment: $\it q$	n-Kind FN	MV) \$ 5000 (Round to whole of	dollars)
	Monetary Donation	or □ In-h	(ind G	,	
Payment Type: ☑ Monetary Donation or ☐ In-Kind Goods or Services (Provide description below.)					
Brief Description of In-Kin	d Payment:				
_					
Purpose: (Check one and provide description below.) ☐ Legislative ☐ Governmental ☑ Charitable					
Describe the legislative, g	overnmental, charital	ble purpose, or ev	ent:		
Money raised for the Depart	ment of Human Assist	ance scholarships			
5. Amendment Descriptio	n and/or Commont	e			
·				ma familiaa wha ara ny	version a true or form
These scholarships are awa	arded to local graduatii	ng seniors from lov	v-incor	me iamilies who are pu	
year education in any field o	of study at an accredite	ed college, univers	ity, tec	hnical or trade school.	
•					
6. Verification					
I certify, under penalty of perjury herein is true and complete.	y under the laws of the St	tate of California, tha	t to the	best of my knowledge, the	e information contained
nerent is true and complete.					
Executed on M. II.	<i>16</i> By	Tur	14	fam	
DAGGGGG OII	DATE DY		SIGNATUR	RE OF ELECTED OFFICER OR CPUC	MEMBER