GOUNTY OF SACRAMENTO BOARD OF SUPERVISORS

Behested Payment Re	eport	A Public Docum	ANTARIS DU L	Behested Payment Repor
1. Elected Officer or CPU	C Member (Last name, Firs	st name)	Date Stamp	California Q02
Supervisor Phil Serna			200 May 200 April 200 April 200 May 20	Form OUS
Agency Name			7	For Official Use Only
Sacramento County				2
Agency Street Address			7	
700 H Street, Suite 2450	Sacramento CA 95814			
Designated Contact Person	(Name and title, if different)		Amendment (See Pa	urt 5)
Amber Moran Wannell				
Area Code/Phone Number	a Code/Phone Number E-mail (Optional)		Date of Original Filing:	
916-718-4004	amber@amwconsultin	ng.net		(
2. Payor Information (For a	dditional payors, include an atta	achment with the names and	d addresses.)	
Thomas Winn Foundation				
Name	······································			
3001l Street, Suite 300		Sacramento	CA	95811
Address		City	State	Zip Code
3. Payee Information (For a	dditional payees, include an att	tachment with the names an	d addresses.)	
Music on a Mission				
Name				
1809 S Street, #101-368		Sacramento	CA	95811
Address		City	State	Zip Code
Date of Payment: 03/ (month) Payment Type: [Brief Description of In-Ki Money raised for Departn	Monetary Donation	or	FMV) \$\frac{10,000}{(Round to whole Goods or Services (Provide)	
Purpose: (Check one and provide Describe the legislative, o			rnmental 🔽 Cha	aritable
5. Amendment Description DHA Scholarship program years education in any field	awarded to local graduat	ting Seniors from low i	ncome families who ar echnical or trade sched	e pursuing a two or four
6. Verification				
I certify, under penalty of perju herein is true and complete.	ry under the laws of the Sta	te of California, that to th	e best of my knowledge, t	he information contained
Executed on <u>03 - 10</u>	6.17 By.	Kinin	08,	
	DATE By	SIGNATI	JRE OF ELECTED OFFICER OR CPU	IC MEMBER