
2. Payor Information (For additional payors, include an attachment with the names and addresses.)
United Public Employees

| 9333 Tech Center Dr\#100 | Sacramento | CA | 95826 |
| :--- | :--- | :---: | :---: |
| Address | City | State | Zip Code |

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
Music on a Mission

| 455 Capitol Mall, Suite 801 | Sacramento | CA | 95814 |
| :--- | :--- | :--- | :--- |
| Address | City | State | Zip Code |

4. Payment Information (Complete all information.)

Date of Payment: $\frac{01 / 19 / 17}{\text { (month, day, year) }} \quad$ Amount of Payment: (ln-Kind FMV) $\$ \frac{10,000.00}{\text { (Round to whole dollars.) }}$
Payment Type: $\boxtimes$ Monetary Donation or $\square$ In-Kind Goods or Services (Provide description below.)
Brief Description of In-Kind Payment: $\qquad$
$\qquad$
Purpose: (Check one and provide descripfion below.)
$\square$ LegislativeGovernmental
区 Charitable
Describe the legislative, governmental, charitable purpose, or event: Donation toward the opening of Stanford
Settlement as an emergency shelter for the homeless during inclement weather.
5. Amendment Description and/or Comments

Stanford Settlement opened the doors to their community room to shelter homeless individuals during the winter storm. United Public Employees ioined Sacramento Association of Realtors, the City and the County to raise funds.

## 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 01.23.17


