

Behested Payment Report

A Public Document

COUNTY OF SACRAMENTO
BOARD OF SUPERVISORS
Date Stamp

Behested Payment Report

California **803**
Form
For Official Use Only

1. Elected Officer or CPUC Member (Last name, First name)

Supervisor Phil Serna

Agency Name

Sacramento County

Agency Street Address

700 H Street, Ste. 2450, Sacramento, CA 95814

Designated Contact Person (Name and title, if different)

Lisa Nava

Area Code/Phone Number

916-874-5485

E-mail (Optional)

naval@saccounty.net

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.)

Serna for Supervisor 2018

Name

5429 Madison Ave.

Sacramento

CA

95841

Address

City

State

Zip Code

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

Aerospace Museum of California

Name

3200 Freedom Park Dr.

McClellan

CA

95652

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 06/25/18
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ \$5,000.00
(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: _____

Museum's BBQ Night Under the Stars Gala

5. Amendment Description and/or Comments

Money raised for Aerospace Museum's STEM Education Programs.

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 08.28.18
DATE

By 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER