

Behested Payment Report

A Public Document

CITY OF SACRAMENTO
BOARD OF SUPERVISORS
Date Stamp

Behested Payment Report

California Form 803
For Official Use Only

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

Agency Name
Sacramento County

Agency Street Address
700 H Street, Suite 2450 Sacramento CA 95814

Designated Contact Person (Name and title, if different)
Amber Moran Wannell

Area Code/Phone Number
916-718-4004

E-mail (Optional)
amber@amwconsulting.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.)

Sutter Health

Name

2200 River Plaza Drive

Sacramento

CA

95833

Address

City

State

Zip Code

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

Sacramento Self-Help Housing

Name

P.O. Box 188445

Sacramento

CA

95

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 07/29/19
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 20,000
(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

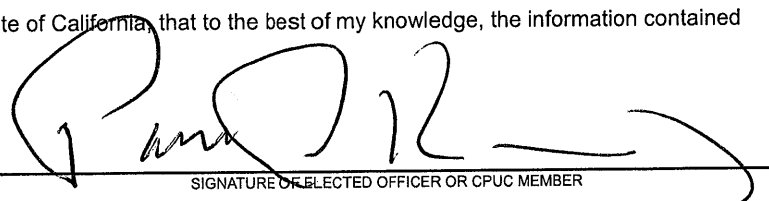
Describe the legislative, governmental, charitable purpose, or event: _____
Sponsor at annual event.

5. Amendment Description and/or Comments

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 8/12/19
DATE

By 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER