

Behested Payment Report

A Public Document

COUNTY OF SACRAMENTO  
BOARD OF SUPERVISORS

Behested Payment Report

<b>1. Elected Officer or CPUC Member</b> (Last name, First name) Supervisor Phil Serna		Date Stamp 2018 APR 24 PM 4	<b>California Form 803</b> For Official Use Only
<b>Agency Name</b> Sacramento County		<input type="checkbox"/> <b>Amendment</b> (See Part 5)  <b>Date of Original Filing:</b> _____ (month, day, year)	
<b>Agency Street Address</b> 700 H Street, Suite 2450 Sacramento CA 95814			
<b>Designated Contact Person</b> (Name and title, if different) Amber Moran Wannell			
<b>Area Code/Phone Number</b> 916-718-4004	<b>E-mail</b> (Optional) amber@amwconsulting.net		

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

Sierra Health Foundation  
Name

1321 Garden Highway Sacramento CA 95833  
Address City State Zip Code

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

Music on a Mission  
Name

1809 S Street, #101-368 Sacramento CA 95811  
Address City State Zip Code

**4. Payment Information** (Complete all information.)

**Date of Payment:** 04/24/19 (month, day, year)      **Amount of Payment:** (In-Kind FMV) \$ 5000 (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:** Money raised for Department of Human Assi


**5. Amendment Description and/or Comments**

DHA Scholarship program awarded to local graduating Seniors from low income families who are pursuing a two or four years education in any field of study at an accredited college, university, technical or trade school.

**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 04.24.18 DATE

By  SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER