

Behested Payment Report

A Public Document

Behested Payment Report

<b>1. Elected Officer or CPUC Member</b> (Last name, First name) Supervisor Phil Serna		Date Stamp 2019 MAY 13 PM 3:12	<b>California Form 803</b> For Official Use Only
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		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number 916-718-4004	E-mail (Optional) amber@amwconsulting.net	Date of Original Filing: _____ (month, day, year)	

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

Sutter Health

Name	PO Box 619110	Roseville	CA	95661
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: 05/13/19 (month, day, year)      Amount of Payment: (In-Kind FMV) \$ 10,000 (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: \_\_\_\_\_  
 See #5

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 05.13.19  
DATE

By   
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER