Behested Payment Re	port A Public Do	ocumentally of sacramente	Behested Payment Repor
Elected Officer or CPUC Supervisor Phil Serna	Member (Last name, First name)	ROARD PIFE STIFFINDORS	California 803
Agency Name Sacramento County		2020 MAY -5 AM 9: 5	For Official Use Only
Agency Street Address 700 H Street, Suite 2450 S	Sacramento CA 95814		
Designated Contact Person (Name and title, if different) Amber Moran Wannell		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 ad Liberty Dental Plan of CA	I ditional payors, include an attachment with the na	ames and addresses.)	
340 Commerce, Ste 100	Irvine	CA	92602
Address	City	State	Zip Code
Music on a Mission	ditional payees, include an attachment with the na	ames and addresses.)	
Name 1809 S Street, #101-368	Sacramento	CA	95811
Address	City	State	Zip Code
	Money raised for Departr	-Kind Goods or Services (Provide of ment of Human Assistance sch	description below.)
Purpose: (Check one and provide of Describe the legislative, go	description below.) ☐ Legislative ☐] Governmental ☐ Chari event: See below	table
5. Amendment Description DHA Scholarship program	n and/or Comments awarded to local graduating Seniors fro	om low income families who ar	e pursuing a two or
four	d of study at an accredited college, univ		·
	- Control of the Cont		
6. Verification			
I certify, under penalty of perjury herein is true and complete.	under the laws of the State of California, th	at to the best of my knowledge, the	information contained
Executed on	20 By Hir	SIGNATURE OF ELECTED OFFICER OR CPUC	MEMBER