

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Supervisor Phil Serna		Date Stamp	California Form 803 For Official Use Only
Agency Name		COUNTY OF SACRAMENTO BOARD OF SUPERVISORS	
Sacramento County		13 DEC 17 PM 3:25	
Agency Street Address 700 H Street, Suite 2450, Sac 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.)

Chevron

Name

Address: 1201 K street, Suite 1910 Sacramento CA 95814

City State Zip Code

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

Sacramento Cottage Housing

Name

Address: 1217 Del Paso Blvd, Suite F1, Sacramento CA 95815

City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 12/13/13 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 5,000 (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 Beacon of Hope event

5. Amendment Description 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 12/16/13 DATE

By  SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER