

Behested Payment Report

A Public Document

COUNTY OF SACRAMENTO Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)
 MacGlashan, Roberta
Agency Name
 County of Sacramento, Board of Supervisors
Agency Street Address
 700 H Street, Room 2450, Sacramento, CA 95814
Designated Contact Person (Name and title, if different)
 Ted Wolter, Chief of Staff
Area Code/Phone Number | **E-mail** (Optional)
 916-874-5491 | macglashanr@saccounty.net

BOARD OF SUPERVISORS
 Date Stamp
 14 OCT 23 AM 10:24
California Form 803
 For Official Use Only
 Amendment (See Part 5)
Date of Original Filing: 10/22/14
 (month, day, year)

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
 Winn Foundation
 Name
 3001 I Street, Suite 300 | Sacramento | CA | 95816
 Address | City | State | Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
 Antelope Band Booster Association (ABBA)
 Name
 7909 Walerga Road PMB 112-257 | Antelope | CA | 95843
 Address | City | State | Zip Code

4. Payment Information (Complete all information.)
Date of Payment: 10/21/2014 (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: Sponsorship for Antelope High School
 Marching Band trip to the National Independence Day Parade in Washington, D.C.

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 10/22/2014 DATE | By Roberta MacGlashan SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER