Behested Payment Re	port	A Public Docum	nent COUNTY OF	SACRAMENT Payment Report
1. Elected Officer or CPUC Member (Last nat		, First name)	Date Stamp	California 203
Supervisor Phil Serna			16 MAR -9	
Agency Name			TOTIMN -9	AM Flor Official Use Only
Sacramento County Board	of Supervisors			
Agency Street Address			en de modern de la companya de la c	
700 H Street, Suite 2450, S				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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@amwcons	ulting.net	Date of Original Filing: _	(month, day, year)
2. Payor Information (For ac	dditional payors, include a	n attachment with the names ar	nd addresses.)	
Plumbers & Pipefitters Loc	al 447		i po	
5841 Newman Court		Sacramento	CA	95819
Address		City	State	Zip Code
3. Payee Information (For ac	dditional payees, include a	an attachment with the names a	nd addresses.)	
Music on a Mission				
Name		55.0		
1809 S Street, #101-368		Sacramento	CA State	95816 Zip Code
4. Payment Information (Co		City	State	Zip Code
	aay, year) 丞 Monetary Donation		Goods or Services (Provide	
Purpose: (Check one and provide Describe the legislative, ç			ernmental 🔀 Cha : See below	ritable
5. Amendment Description	on and/or Comme	nts		
DHA/DHHS Scholarship Pr	ogram These schola	arships are awarded to lo	cal graduating seniors fr	om low-income families
who are pursuing a two- or	four-year education	in any eld of study at ar	accredited college, univ	versity, technical or trade
school. More information al	bout the DHA/DHHS	Scholarship Program at	www.dha.saccounty.net	
6. Verification				
I certify, under penalty of perju herein is true and complete.	ry under the laws of the	e State of California, that to t	the best of my knowledge, t	ne information contained
Executed on	8/16	By Piin	ATURE OF ELECTED OFFICER OR CPU	C MEMBER