## GOUNTY OF SACRAMENTO BOARD OF SUPERVISORS

_	enested Payment Re	port .	A Public Docume	PHIMAY _O AM H.	Behested Payment Report
1.	Elected Officer or CPUC Member (Last name, First r Supervisor Patrick Kennedy			Date Stamp	California 803
	Agency Name Sacramento County				For Official Use Only
	Agency Street Address 700 H Street, Suite 2450 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	g.net	Date of Original Filing: _	(month, day, year)
2.	Payor Information (For additional payors, include an attachment with the names and addresses.) Thomas Winn Foundation				
	Name 3001 I Street		Sacramento	CA	95816
	Address	,	City	State	Zip Code
3.	Payee Information (For additional payees, include an attachment with the names and addresses.)				
	Sacramento Self-Help Housing				
	Name 1809 S Street, #101-368		Sacramento	CA	95811
	Address		City	State	Zip Code
	Date of Payment:     O4/30/18				
	Purpose: (Check one and provide description below.)				
5.	Amendment Description and/or Comments  The fundraiser supports Sacramento Self-Help Housing (www.sacselfhelp.org), a local non-profit organization that helps people in need move from homelessness to permanent housing. We help people who don't know how to break the cycle of unstable housing that hard times has thrown their way. Sometimes they just need a little help to make it on their own.				
6.	I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information conherein is true and complete.  By    State   State				