COUNTY OF SACRAMENTO BOARD OF SUPERVISORS A Public Document

Behested Payment Report

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1.	Elected Officer or CPUC Supervisor Phil Serna	Member (Last name, Fire	APR 3 Date Bildmily: 10	Form 803 For Official Use Only	
	Agency Name Sacramento County				
	Agency Street Address 700 H Street, Suite 2450 S	acramento 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@amwconsultin	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				
	3001I Street, Suite 300		Sacramento	CA	95811
	Address		City	State	Zip Code
3.	Payee Information (For add Music on a Mission	ditional payees, include an att	tachment with the names and	addresses.)	
	1809 S Street, #101-368		Sacramento	CA	95811
	Address		City	State	Zip Code
	Date of Payment: 04/23/18				
	Purpose: (Check one and provide description below.)				
	Amendment Description and/or Comments DHA Scholarship program awarded to local graduating Seniors from low income families who are pursuing four years education in any field of study at an accredited college, university, technical or trade school				
-	Verification				
	certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained erein is true and complete.				
	Executed on <u>04.30</u>). /8 By.	Hands SIGNATU	RE OF ELECTED OFFICER OR CPUC	MEMBER