

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Supervisor Patrick Kennedy		Date Stamp 2019 AUG 12 PM 2:22	California Form 803 For Official Use Only
Agency Name Sacramento County			
Agency Street Address 700 H Street, Suite 2450 Sacramento CA 95814			
Designated Contact Person (Name and title, if different) Amber Moran Wannell		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number 916-718-4004	E-mail (Optional) amber@amwconsulting.net		

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

Kaiser Permanente

Name	75 N Fair Oak Ave	Pasadena	CA	91103
Address		City	State	Zip Code

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

Sacramento Self-Help Housing

Name	P.O. Box 188445	Sacramento	CA	95
Address		City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 06/30/19 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 20,000 (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

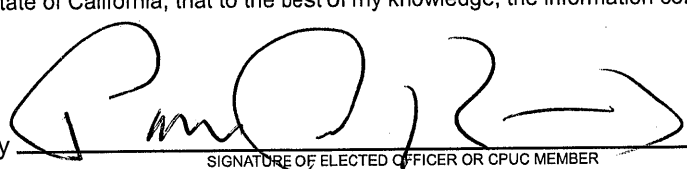
Describe the legislative, governmental, charitable purpose, or event: _____
 Sponsor at annual event.

5. Amendment Description and/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 3/12/19 DATE

By  SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER