

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)
Supervisor Patrick Kennedy

BOARD OF SUPERVISORS
Date Stamp
2019 JUL 30 AM 11:51

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

Amendment (See Part 5)

Date of Original Filing: (month, day, year)

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.)

Granite Construction Company

Name: P.O. Box 50085, Watsonville, CA 95077
Address: City, State, Zip Code

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

Moving Sacramento Forward

Name: 2200 L Street, Sacramento, CA 95816
Address: City, State, Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 07/29/19, Amount of Payment: \$10,000

Payment Type: Monetary Donation or In-Kind Goods or Services

Brief Description of In-Kind Payment:

Purpose: Legislative, Governmental, Charitable

Describe the legislative, governmental, charitable purpose, or event: See #5

5. Amendment Description and/or Comments

Funds will be used for community-wide education programs and research that assist with demonstrating and identifying what Measure A funds have and can be used to maintain/improve/and develop.

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 7/30/19 DATE

By [Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER