

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Supervisor Susan Peters		Date Stamp 2019 DEC -9 AM 11:00	California Form 803 For Official Use Only
Agency Name County of Sacramento			
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)	
Area Code/Phone Number 916-718-4004	E-mail (Optional) amber@amwconsulting.net	Date of Original Filing: _____ (month, day, year)	

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

Mark Friedman

Name	7750 College Town Drive #350	Sacramento	CA	95826
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: 11/11/19 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 10,000 (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: 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 12/9/2019 DATE By Susan Peters SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER