

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 12 AM 10:17	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.)

CA Association of Realtors

Name	Address	City	State	Zip Code
	525 South Virgil Ave	Los Angeles	CA	90020

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

Moving Sacramento Forward

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

4. Payment Information (Complete all information.)

Date of Payment: 12/11/19 (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 12-11-19 DATE

By Susan Peters SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER