В	Sehested Payment Re	port	A Public Docum	PENTRII PM 2:5	⊈ Behested Payment Report
1.	Elected Officer or CPUC Member (Last name, First name) Supervisor Phil Serna Agency Name Sacramento County			Date Stamp	California 803 Form For Official Use Only
	Agency Street Address 700 H Street, Suite 2450 Sacramento CA 95814				
	Pesignated Contact Person (Name and title, if different) Amber Moran Wannell			Amendment (See Part 5)	
	rea Code/Phone Number amber@amwo			Date of Original Filing:	(month, day, year)
2.	Payor Information (For additional payors, include an attachment with the names and addresses.)				
	Sacramento International Jet Center, Inc				
	6133 Freeport Blvd		Sacramento	CA	95822
_	Address		City	State	Zip Code
3.	Payee Information (For additional payees, include an attachment with the names and addresses.)				
	Music on a Mission				
	Name 1809 S Street, #101	-368	Sacramento	CA	95811
	Address		City	State	Zip Code
	Date of Payment: 03/11/19 Amount of Payment: (In-Kind FMV) \$ 5000 (Round to whole dollars.) Payment Type: Monetary Donation or In-Kind Goods or Services (Provide description below Money raised for Department of Human Assistance scholarships.				
	Purpose: (Check one and provide description below.)				
 5.	Amendment Description and/or Comments				
	DHA Scholarship program awarded to local graduating Seniors from low income families who are pursuing a two or				
	years education in any field of study at an accredited college, university, technical or trade school.				
6.	Verification				
	I certify, under penalty of perjur herein is true and complete.	y under the laws o	of the State of California, that to th	ne best of my knowledge, th	ne information contained
	Executed on Manual	11,2019	By June		C MEMBER