Behested Payment Report

A Public Document

Behested Payment Report

1.	Elected Officer or CPUC Member (Last name, First name) Supervisor Phil Serna			9 MAR Date Stamp2: 1,2	California 803 Form For Official Use Only
	Agency Name Sacramento County				
	Agency Street Address 700 H Street, Suite 2450 Sacramento CA 95814				
	Designated Contact Person (Amber Moran Wannell	Name and title, if different)	()	Amendment (See Part	5)
	Area Code/Phone Number 916-718-4004	E-mail (Optional) amber@amwconsu	lting.net	Date of Original Filing: _	(month, day, year)
2.	Payor Information (For additional payors, include an attachment with the names and addresses.)				
	Thomas Winn Foundation				
	Name 3001l Street, Suite 300		Sacramento	CA	95811
	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
4.	Payment Information (Complete all information.)				
	Date of Payment: (month, day, year) Amount of Payment: (In-Kind FMV) \$ (Round to whole dollars.)				
		Monetary Donation		(Round to whole of Goods or Services	·
	Brief Description of In-Kind Payment:				
Purpose: (Check one and provide description below.)					itable
5.	Amendment Description and/or Comments				
	HA Scholarship program awarded to local graduating Seniors from low income families who are pursuing a two or				
	ears education in any field of study at an accredited college, university, technical or trade school.				
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 <u>03</u> .19	7. 19 NATE	By Frin	THE DE SI SATED OF CORD OF COLUMN	MEMPED