CLAND OF SACRAMENTO BOARD OF SUPERVISORS **Behested Payment Report A Public Document Behested Payment Report** 1. Elected Officer or CPUC Member (Last name, First name) APR base stamp 8: 3 California 👩 Supervisor Phil Serna 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) Amendment (See Part 5) Amber Moran Wannell Date of Original Filing: Area Code/Phone Number E-mail (Optional) (month, day, year) 916-718-4004 amber@amwconsulting.net 2. Payor Information (For additional payors, include an attachment with the names and addresses.) Plumbers & Pipefitters Local 447 Name 5841 Newman Court CA 95819 Sacramento 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.) Amount of Payment: (In-Kind FMV) \$ 5000 04/01/19 Date of Payment: . (month, day, year) **Payment Type:** ☐ In-Kind Goods or Services (Provide description below.) or Brief Description of In-Kind Payment: ___ Purpose: (Check one and provide description below.) ☐ Legislative ☐ Governmental ☐ Charitable Describe the legislative, governmental, charitable purpose, or event: Money raised for Department of Human Assistance scholarships 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 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 04.15.19 By Signat

By SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER