

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)
 Supervisor Phil Serna
 Agency Name
 Sacramento County
 Agency Street Address
 700 H Street, Suite 2450, Sac CA 95814
 Designated Contact Person (Name and title, if different)
 Amber Moran Wannell
 Area Code/Phone Number | E-mail (Optional)
 916-718-4004 | amber@amwconsulting.net

COUNTY OF SACRAMENTO
 BOARD OF SUPERVISORS
 California Form 803
 For Official Use Only
 14 OCT 22 PM 2:59
 Amendment (See Part 5)
 Date of Original Filing: _____
 (month, day, year)

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
 Thomas P. Winn Foundation
 Name
 1130 Iron Point Rd, Ste 160 | Folsom | CA | 95630
 Address | City | State | Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
 WIND Youth Services
 Name
 701 Dixieanne Ave | Sacramento | CA | 95815
 Address | City | State | Zip Code

4. Payment Information (Complete all information.)
 Date of Payment: 10/22/14 (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: The event is to raise money for a homeless youth emergency shelter.

5. Amendment Description or Comments

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 10.22.14 DATE | By Phil Serna SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER