

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)

COUNTY OF SACRAMENTO BOARD OF SUPERVISORS

California Form 803

For Official Use Only

15 JAN 22 PM 2:26

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)

Amendment (See Part 5)

Date of Original Filing: (month, day, year)

916-718-4004

amber@amwconsulting.net

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

Sutter Health

Name

2200 River Plaza Drive

Sacramento

CA

95833

Address

City

State

Zip Code

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

WIND Youth Services

Name

1722 J Street, 3rd Floor

Sacramento

CA

95811

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 12/22/14 (month, day, year)

Amount of Payment: (In-Kind FMV) \$ 5000 (Round to whole dollars.)

Payment Type: [x] 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 [x] 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 1/22/15 DATE

By Phil Serna SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER