

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

Date Stamp

California Form 803
 For Official Use Only

RECEIVED
 MAY 7 2015
 BOARD OF SUPERVISORS

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.)

Sacramento Association of Realtors

Name

2003 Howe Ave Sacramento CA 95825

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: 05/07/15 Amount of Payment: (In-Kind FMV) \$ 5000
 (month, day, year) (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: _____
 All 5 Sacramento County Supervisors put on an event that raised money for local charities.

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 05.07.15 By Phil Serna
 DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER