

Behested Payment Report

A Public Document

Behested Payment Report

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

Supervisor Patrick Kennedy

Date Stamp

2016 AUG 12 PM 2:22

California Form 803

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)

Amber Moran Wannell

Amendment (See Part 5)

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

Area Code/Phone Number  
916-718-4004

E-mail (Optional)  
amber@amwconsulting.net

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

Dignity Health

Name

3400 Data Drive

Rancho Cordova

CA

95670

Address

City

State

Zip Code

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

Sacramento Self-Help Housing

Name

P.O. Box 188445

Sacramento

CA

95

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 07/23/19  
(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: \_\_\_\_\_  
Sponsor at annual event.

5. Amendment Description and/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 8/12/11 DATE

By [Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER