

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Supervisor Phil Serna		Date Stamp 2019 MAR 25 PM 4:	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		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number 916-718-4004	E-mail (Optional) amber@amwconsulting.net	Date of Original Filing: _____ (month, day, year)	

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

A. Teichert & Son, Inc.

Name A. Teichert & Son, Inc.			
PO Box 15002	Sacramento	CA	95851
Address	City	State	Zip Code

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

Music on a Mission

Name Music on a Mission			
1809 S Street, #101-368	Sacramento	CA	95811
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 3/25/19 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 5000 (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: See #5

5. Amendment Description and/or Comments

DHA Scholarship program awarded to local graduating Seniors from low income families who are pursuing a two or four 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 03.25.19
DATE

By 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER