

# Behested Payment Report

## A Public Document

Type or Print in Ink.

<b>Amendment of Filing</b> <input type="checkbox"/> Check box if an Amendment  / / (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency) <b>RECEIVED</b> San Jose City Clerk MI otc 2024 MAR 29 AM 11:02	<b>CALIFORNIA FORM 803</b>
	_____	

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

ELECTED OFFICER OR CPUC MEMBER: Davis, Devora	AGENCY NAME: City of San Jose	AGENCY STREET ADDRESS: 200 East Santa Clara Street, San Jose CA 95113
DESIGNATED CONTACT PERSON (NAME AND TITLE): Nichole Edraos	AREA CODE/PHONE NUMBER: (408) 535-4906	E-MAIL: district6@sanjoseca.gov

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

NAME: Adobe Corporation	ADDRESS: 345 Park Avenue	CITY: San Jose	STATE: CA	ZIP CODE: 95110
<input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)	DAF NAME:	DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)		
<input type="checkbox"/> Payor is a named party or the subject of a proceeding before my agency.		BRIEF DESCRIPTION OF PROCEEDINGS:		

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

NAME: City of San Jose	ADDRESS: 200 East Santa Clara Street	CITY: San Jose	STATE: CA	ZIP CODE: 95113
For a <b>nonprofit organization payee</b> , provide a brief description of any relationship to the official, official's immediate family member or staff member in the role of founder, salaried employee, decision-making capacity (board member or executive officer) or position on an honorary or advisory board.				
NAME AND TITLE:	ROLE WITH THE NONPROFIT ORGANIZATION:	BRIEF DESCRIPTION:		

### 4. Payment Information (Complete all information. For estimated payment information check the box below.)

DATE (MONTH/DAY/YEAR)	AMOUNT	PAYMENT TYPE	BRIEF DESCRIPTION OF IN-KIND PAYMENT	PURPOSE	DESCRIBE THE LEGISLATIVE, GOVERNMENTAL, CHARITABLE PURPOSE, OR EVENT:
12/11/2023	\$100,000.00	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE	Funding for "Blue Zones Readiness Assessment Project."
		<input type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE	

The \_\_\_\_\_ (DATE/AMOUNT) is an estimate and reflects my best efforts at obtaining the accurate information.

REASON FOR ESTIMATE:

### 5. Amendment Description and/or Comments (Provide date of original filing or confirmation number in Part 1.)

### 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 \_\_\_\_\_ DATE

By  SIGNATURE