

Behested Payment Report

A Public Document

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Amendment of Filing <input type="checkbox"/> Check box if an Amendment / / (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency) RECEIVED San Jose City Clerk OFC 2024 JUN -5 PM 2:38	CALIFORNIA FORM 803
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1. Elected Officer or CPUC Member *(Last name, First name)*

ELECTED OFFICER OR CPUC MEMBER: Batra, Arjun	AGENCY NAME: City of San Jose	AGENCY STREET ADDRESS: 200 E. Santa Clara St., San Jose, CA 95113
DESIGNATED CONTACT PERSON (NAME AND TITLE): Arjun Batra, Councilmember District 10	AREA CODE/PHONE NUMBER: 408-535-4910	E-MAIL: arjun.batra@sanjoseca.gov

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

NAME: Robert Freed, Summerhill Housing Group	ADDRESS: 3000 Executive Parkway, Suite 450	CITY: San Ramon	STATE: CA	ZIP CODE: 94583
<input type="checkbox"/> Donor Advised Fund (DAF) <small>(see instructions)</small>	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: Almaden Valley Women's Club	ADDRESS: P.O. Box 20084	CITY: San Jose	STATE: CA	ZIP CODE: 95160
For a nonprofit organization payee , 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:
3/15/23	\$10,000	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	4th of July Fireworks Festival
		<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 _____ 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.)*

This information was reported on Q1 2023 Disclosure of Fundraising Report.

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 6/5/2024 DATE By Arjun Dev Batra SIGNATURE