

Behested Payment Report

A Public Document

Type or Print in Ink.

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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 <i>OTC</i> 2024 JUN -5 PM 2:38 | CALIFORNIA FORM 803 |
|---|--|----------------------------|

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: Jerame Renteria, Greenwaste | ADDRESS: 610 E. Gish Rd. | CITY: San Jose | STATE: CA | ZIP CODE: 95112 |
| <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: 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: |
|-----------------------|----------------|---|--------------------------------------|---|---|
| 3/11/23 | \$5,000 | <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 _____ (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.)

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