

AM

Behested Payment Report A Public Document

Type or Print in Ink.

City of San Jose
Office of the City Clerk

Amendment of Filing
Check box if an Amendment

____/____/____
(Month, Day, Year)

Confirmation Number

JUL 15 2024

ACCEPTED
 REJECTED

CALIFORNIA FORM 803

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

| | | |
|---|--|---|
| ELECTED OFFICER OR CPUC MEMBER: <i>Omar Torres</i> | AGENCY NAME: <i>City of San Jose</i> | AGENCY STREET ADDRESS: <i>200 E. Santa Clara St.</i> |
| DESIGNATED CONTACT PERSON (NAME AND TITLE): <i>Byron Reyes, Policy Analyst</i> | AREA CODE/PHONE NUMBER: <i>408-535-4931</i> | E-MAIL: <i>byron.reyes@sanjoseca.gov</i> |

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

| | | | | |
|--|---|---|---------------------|---------------------------|
| NAME: <i>Jay Paul Company</i> | ADDRESS: <i>4 Embarcadero CTR STE 3620</i> | CITY: <i>San Francisco</i> | STATE: <i>CA</i> | ZIP CODE: <i>94111</i> |
| <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: <i>District 3 Office</i> | ADDRESS: <i>200 E. Santa Clara St.</i> | CITY: <i>San Jose</i> | STATE: <i>CA</i> | ZIP CODE: <i>95113</i> |
| 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: |
|-----------------------|----------------|---|--------------------------------------|---|---|
| <i>01/08/24</i> | <i>\$5,000</i> | <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 | <i>D3 Water Events</i> |
| | | <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 *07/15/24*
DATE

By *[Signature]*
SIGNATURE