

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 M I oTC 2024 JUL 15 PM 3:10	CALIFORNIA FORM 803
	_____ _____	

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

ELECTED OFFICER OR CPUC MEMBER: Candelas, Domingo	AGENCY NAME: City of San Jose	AGENCY STREET ADDRESS: 200 E. Santa Clara Street, San Jose, CA 95113
DESIGNATED CONTACT PERSON (NAME AND TITLE): Sachin Radhakrishnan, Community Relations Director	AREA CODE/PHONE NUMBER: 408-535-4908	E-MAIL: district8@sanjoseca.gov

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

NAME: Calibunga Waterpark San Jose	ADDRESS: 2333 S White Road	CITY: San Jose	STATE: CA	ZIP CODE: 95148
<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: Tully Road Eastridge Business Association	ADDRESS: 1818 Tully Rd, Ste 152	CITY: San Jose	STATE: CA	ZIP CODE: 95122
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:
6/21/24	\$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 show for the community to prevent illegal fireworks in the neighborhoods
		<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	
<input type="checkbox"/> 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 7/15/2024
DATE

By Domingo Candelas
SIGNATURE