

Behested Payment Report A Public Document

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Amendment of Filing <input type="checkbox"/> Check box if an amendment 1 / 1 MF (Month/Day/Year) 2024 JUL -8 # _____ Confirmation Number	(Date Stamp (Agency)) City Clerk OTC PM 4:13	CALIFORNIA FORM 803
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1. Elected Officer or CPUC Member (Last name, First name)

ELECTED OFFICER OR CPUC MEMBER: Mahan, Matt	AGENCY NAME: City of San Jose	AGENCY STREET ADDRESS: 200 E. Santa Clara St, 18th floor, San Jose, CA 95113
DESIGNATED CONTACT PERSON (NAME AND TITLE): Megan White, Executive Assistant	AREA CODE/PHONE NUMBER: 408-535-4800	E-MAIL: megan.white@sanjoseca.gov

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

NAME: Phil Rolla	ADDRESS: 2323 S Bascom Ave, Suite 100	CITY: Campbell	STATE: CA	ZIP CODE: 95008
<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 E. Santa Clara St	CITY: San Jose	STATE: CA	ZIP CODE: 95113
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:
06/19/2024	\$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	Benefiting the San Jose Stage Company
		<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 7/8/24
DATE

By Matthew Mahan
SIGNATURE