

Behested Payment Report

A Public Document

Type or Print in Ink.

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|--|---|
| <input type="checkbox"/> Amendment of Filing Check box if an Amendment | Date Stamp (Agency) RECEIVED San Jose City Clerk e-mail 2022 OCT 14 PM 12:17 |
| # | Confirmation Number |

CALIFORNIA FORM 803

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

| | | |
|--|--|---|
| ELECTED OFFICER OR CPUC MEMBER: Peralez, Raul | AGENCY NAME: City of San Jose | AGENCY STREET ADDRESS: 200 E. Santa Clara St. San Jose, CA 95113 |
| DESIGNATED CONTACT PERSON (NAME AND TITLE): Raul Peralez, Councilmember | AREA CODE/PHONE NUMBER: 408.5358.4903 | E-MAIL: raul.peralez@sanjoseca.gov |

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

| | | | | |
|--|-----------|---|--------|-----------|
| NAME: | ADDRESS: | CITY: | STATE: | ZIP CODE: |
| <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: Josh Burroughs | ADDRESS: 99 S. Almaden Blvd. | 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: |
|-----------------------|----------|---|--------------------------------------|---|---|
| 07/15/22 | \$15,000 | <input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES | Event Fundraise | <input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE | San Jose Jazz Summer Festival |
| 08/12/22 | \$10,000 | <input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES | Event Fundraise | <input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE | Cinequest Festival |

The _____ is an estimate and reflects my best efforts at obtaining the accurate information. (DATE/AMOUNT)

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 10/14/2022
DATE

By 
SIGNATURE

