

# Behested Payment Report

## A Public Document

Type or Print in Ink.

<input type="checkbox"/> <b>Amendment of Filing</b> Check box if an Amendment / / (Month, Day, Year)	Date Stamp (Agency)	<b>CALIFORNIA FORM 803</b>
	RECEIVED San Jose City Clerk e-mail - [signature] 2022 OCT 14 PM 12:17	
#	Confirmation Number	

### 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:
08/25/22	\$3,500	<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 Public Library Foundation Gala
		<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	

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 10/14/2022  
DATE

By [Signature]  
SIGNATURE

