

Behested Payment Report A Public Document

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<input type="checkbox"/> Amendment of Filing Check box if an Amendment _____ (Month, Day, Year)	Date Stamp (Agency)
	REC'D CITY CLERK 2023 AUG 2 PM 8:54:58
# _____	Confirmation Number

CALIFORNIA FORM 803

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

ELECTED OFFICER OR CPUC MEMBER: **Eddie Flores**

AGENCY NAME: **City of South San Francisco**

AGENCY STREET ADDRESS: **400 Grand Avenue, South San Francisco, CA 94080**

DESIGNATED CONTACT PERSON (NAME AND TITLE): _____

AREA CODE/PHONE NUMBER: _____

E-MAIL: **Eddie.Flores@ssf.net**

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

NAME: **Rotary Club of South San Francisco**

ADDRESS: **312 Miller Avenue**

CITY: **South San Francisco**

STATE: **CA**

ZIP CODE: **94080**

Donor Advised Fund (DAF) (see instructions)

DAF NAME: _____

DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)

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 South San Francisco**

ADDRESS: **400 Grand Avenue**

CITY: **South San Francisco**

STATE: **CA**

ZIP CODE: **94080**

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:
07/15/2022	\$10,000.00	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES	Contribution to the SSF Every Kid Deserves a Bike Program	<input type="checkbox"/> LEGISLATIVE GOVERNMENTAL CHARITABLE <input type="checkbox"/> LEGISLATIVE GOVERNMENTAL 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 _____

Executed on **8/2/2023** DATE By _____