

# Behested Payment Report

## A Public Document

Type or Print in Ink.

<b>Amendment of Filing</b> <input type="checkbox"/> Check box if an Amendment  / / (Month, Day, Year)  # _____ Confirmation Number	Date Stamp (Agency)	<b>CALIFORNIA FORM 803</b>
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**1. Elected Officer or CPUC Member** (Last name, First name)

ELECTED OFFICER OR CPUC MEMBER: Eddie Flores	AGENCY NAME: South San Francisco City Council	AGENCY STREET ADDRESS: 400 Grand Avenue, South San Francisco, CA
DESIGNATED CONTACT PERSON (NAME AND TITLE):	AREA CODE/PHONE NUMBER: [REDACTED]	E-MAIL: Eddie.Flores@ssf.net

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

NAME: Chan Zuckerberg Initiative	ADDRESS: 601 Marshall Street	CITY: Redwood City	STATE: CA	ZIP CODE: 94063
<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: Peninsula Health Care District	ADDRESS: 1819 Trousdale Drive	CITY: Burlingame	STATE: CA	ZIP CODE: 94010
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:
07/27/2022	250000	<input 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	Donation to support mental health services across San Mateo County
		<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 and belief, the information provided herein is true and complete.

Executed on 8/12/2022 DATE By [REDACTED]

FPPC Form 803 (February/2022)  
advice@fppc.ca.gov