

Behested Payment Report
A Public Document

Type or Print in Ink.

Amendment of Filing <input type="checkbox"/> Check box if an Amendment _____ (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency)  01/12/2024	CALIFORNIA FORM 803
-----------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------	----------------------------

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

ELECTED OFFICER OR CPUC MEMBER: NICOLAS, BUENAFLOR	AGENCY NAME: City of South San Francisco	AGENCY STREET ADDRESS: 400 Grand Ave., South San Francisco CA 94080
DESIGNATED CONTACT PERSON (NAME AND TITLE):	AREA CODE/PHONE NUMBER: [REDACTED]	E-MAIL: flor.nicolas@ssf.net

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

NAME: Genentech	ADDRESS: 1 DNA Way	CITY: South San Francisco	STATE: CA	ZIP CODE: 94080
<input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)	DAF NAME: Not applicable	DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.) Not applicable		
<input type="checkbox"/> Payor is a named party or the subject of a proceeding before my agency.		BRIEF DESCRIPTION OF PROCEEDINGS: Not applicable		

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:
04/07/2023	\$5,000.00	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input checked="" type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE	South San Francisco Volunteer Gala to honor all of the Presidential Service Awardees
		<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.)

Not applicable

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that I, _____, acknowledge, the information contained herein is true and complete.

Executed on 01/12/2024
DATE

By _____
SIGNATURE