

# 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) # _____ Confirmation Number	Date Stamp (Agency)  01/12/2024	<b>CALIFORNIA FORM 803</b>

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

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

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

NAME: <b>Kaiser Permanente</b>	ADDRESS: <b>1200 El Camino Real</b>	CITY: <b>South San Francisco</b>	STATE: <b>CA</b>	ZIP CODE: <b>94080</b>
<input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)	DAF NAME: <b>Not applicable</b>	DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.) <b>Not applicable</b>		
<input type="checkbox"/> Payor is a named party or the subject of a proceeding before my agency.	BRIEF DESCRIPTION OF PROCEEDINGS: <b>Not applicable</b>			

### 3. Payee Information (For additional payees, include an attachment with the names, addresses and relationship information)

NAME: <b>Asian American Recovery Services</b>	ADDRESS: <b>1151 Mission Road</b>	CITY: <b>South San Francisco</b>	STATE: <b>CA</b>	ZIP CODE: <b>94080</b>
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: <b>Marcelle Valdez</b>	ROLE WITH THE NONPROFIT ORGANIZATION: <b>PIONEERS Case Manager</b>	BRIEF DESCRIPTION: <b>no relationship</b>		

### 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:
03/14/2023	\$1,000.00	<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	<b>Inaugural San Mateo County Sister-to-Sister Conference to empower AANHPI young women</b>
		<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 the information contained herein is true and complete.

Executed on 01/12/2024  
DATE

By \_\_\_\_\_