

Behested Payment Report

A Public Document

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Amendment of Filing <input type="checkbox"/> Check box if an Amendment / / (Month, Day, Year)	Date Stamp (Agency)	CALIFORNIA FORM 803

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

ELECTED OFFICER OR CPUC MEMBER: Susan Ellenberg	AGENCY NAME: County of Santa Clara	AGENCY STREET ADDRESS: 77 West Hedding Street, 10th Fl, San Jose CA 95110
DESIGNATED CONTACT PERSON (NAME AND TITLE): Susan Ellenberg, County Supervisor - District 4	AREA CODE/PHONE NUMBER: 408-299-5040	E-MAIL: Supervisor.ellenberg@bos.sccgov.org

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

NAME: Building Kidz Worldwide	ADDRESS: 303 Vintage Park Dr STE 130	CITY: Foster City	STATE: CA	ZIP CODE: 94404
<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: Educare California at Silicon Valley	ADDRESS: 1399 Santee Drive	CITY: San Jose	STATE: CA	ZIP CODE: 95122
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:
7/8/2023	\$25,000	<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	Supporting Childcare Funding Research
		<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 _____ 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 August 7, 2023
DATE

By Susan Ellenberg
SIGNATURE