

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

### 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 W. Hedding St., 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: Silicon Valley Community Foundation	ADDRESS: 2440 W. El Camino Real, Suite 300	CITY: Mountain View	STATE: CA	ZIP CODE: 94040
<input type="checkbox"/> Donor Advised Fund (DAF) <small>(see instructions)</small>	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: N/A	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:
04/20/2023	50,000	<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 \_\_\_\_\_ (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, the information contained herein is true and complete.

Executed on 5/15/23  
DATE

By Susan Ellenberg  
SIGNATURE

RECEIVED