

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)	CALIFORNIA FORM 803 BO.SUP.DEC15'23AM11=46

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

ELECTED OFFICER OR CPUC MEMBER: Chavez, Cindy	AGENCY NAME: Santa Clara County	AGENCY STREET ADDRESS: 70 W. Hedding Street, 10th Floor, San Jose CA 95110
DESIGNATED CONTACT PERSON (NAME AND TITLE): Kathy Sutherland, Board Aide	AREA CODE/PHONE NUMBER: 408-299-5020	E-MAIL: kathy.sutherland@bos.sccgov.org

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

NAME: See Attached	ADDRESS:	CITY:	STATE:	ZIP CODE:
<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: VMC Foundation	ADDRESS: 2400 Clove Drive	CITY: San Jose	STATE: CA	ZIP CODE: 95128
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:
See Attached		<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	
		<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 12/15/2023 By 

DATE SIGNATURE

Statement received from VMC Foundation November 22, 2023

Payor/Donor Name	Address, City, State, Zip Code	Donor Advised Fund Name	Payor is a named Party or the subject of a proceeding before my agency	Date of Payment	Amount of Payment	Payment Type	Purpose	Description of Purpose
Santa Clara County Correctional Peace Officers' Association	1930 O'Toole Way San Jose, CA 95131		Yes	3/28/2023	\$ 5,000.00	Monetary	Charitable	Support Women's Leadership and Policy Summit
Santa Clara County Office of Education	1290 Ridder Park Drive San Jose, CA 95131		Yes	5/22/2023	\$ 5,000.00	Monetary	Charitable	Support Women's Leadership and Policy Summit
Amazon	525 Market Street, 19th Floor San Francisco, CA 94105		No	6/20/2023	\$ 50,000.00	Monetary	Charitable	Support Women's Leadership and Policy Summit
Santa Clara County Office of the Sheriff	55 W. Younger Avenue San Jose CA 95110		Yes	6/22/2023	\$ 5,000.00	Monetary	Charitable	Support Women's Leadership and Policy Summit