

Behested Payment Report

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Amendment of Filing <input type="checkbox"/> Check box if an Amendment / / (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency)	CALIFORNIA FORM 803
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1. Elected Officer or CPUC Member (Last name, First name)

ELECTED OFFICER OR CPUC MEMBER: Cindy Chavez	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, Executive Assistant	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: Forty Niners Football Company LLC	ADDRESS: 4949 Marie DeBartolo Way	CITY: Santa Clara	STATE: CA	ZIP CODE: 95054
<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: Valley Health 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:
1/12/24	\$5,000	<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	Support Women's Leadership and Policy Summit
		<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.
(DATE/AMOUNT)

REASON FOR ESTIMATE:

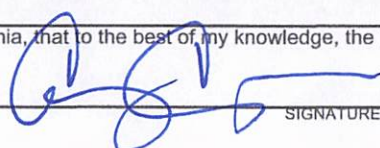
5. Amendment Description and/or Comments (Provide date of original filing or confirmation number in Part 1.)

Received information from Valley Health Foundation on 4/18/24

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.

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DESIGNATED CONTACT PERSON (NAME AND TITLE): Kathy Sutherland, Executive Assistant	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: Aryana Health Care Foundation	ADDRESS: 1871 Martin Avenue	CITY: Santa Clara	STATE: CA	ZIP CODE: 95050
<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: Valley Health Foundation	ADDRESS: 2400 Clove Drive	CITY: San Jose	STATE: CA	ZIP CODE: 95128
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NAME AND TITLE:	ROLE WITH THE NONPROFIT ORGANIZATION:	BRIEF DESCRIPTION:		

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4/18/24	\$5,000	<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	Support Women's Leadership and Policy Summit
		<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	

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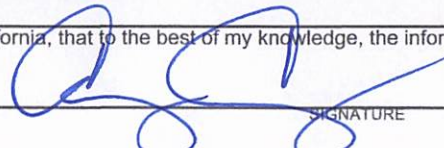
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DESIGNATED CONTACT PERSON (NAME AND TITLE): Kathy Sutherland, Executive Assistant	AREA CODE/PHONE NUMBER: 408-299-5020	E-MAIL: kathy.sutherland@bos.sccgov.org

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

NAME: Caltrain	ADDRESS: 1250 San Carlos Avenue	CITY: San Carlos	STATE: CA	ZIP CODE: 94070
<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:		

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NAME: Valley Health Foundation	ADDRESS: 2400 Clove Drive	CITY: San Jose	STATE: CA	ZIP CODE: 95128
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2/29/24	\$5,000	<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	Support Women's Leadership and Policy Summit
		<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	

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DESIGNATED CONTACT PERSON (NAME AND TITLE): Kathy Sutherland, Executive Assistant	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: El Camino Health	ADDRESS: 2500 Grant Road	CITY: Mt. View	STATE: CA	ZIP CODE: 94040
<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:		

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2/20/24	\$5,000	<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	Support Women's Leadership and Policy Summit
		<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	

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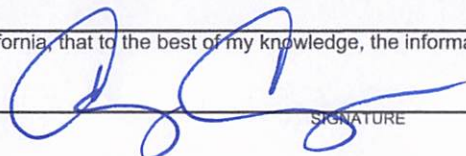
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2. Payor Information (For additional payors, include an attachment with the names, addresses, and proceeding information)

NAME: Kaiser Permanente	ADDRESS: 75 N. Fair Oaks Avenue	CITY: Pasadena	STATE: CA	ZIP CODE: 91103
<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:		

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3/21/24	10,000	<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	Support Women's Leadership and Policy Summit
		<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	

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DESIGNATED CONTACT PERSON (NAME AND TITLE): Kathy Sutherland, Executive Assistant	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: Santa Clara Valley Water	ADDRESS: 5750 Almaden Expressway	CITY: San Jose	STATE: CA	ZIP CODE: 95118
<input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)	DAF NAME:	DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)		
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2/20/24	\$5,000	<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	Support Women's Leadership and Policy Summit
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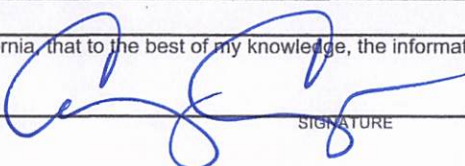
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DESIGNATED CONTACT PERSON (NAME AND TITLE): Kathy Sutherland, Executive Assistant	AREA CODE/PHONE NUMBER: 408-299-5020	E-MAIL: kathy.sutherland@bos.sccgov.org

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

NAME: Santa Clara & San Benito Counties Building & Constuction	ADDRESS: 2102 Almaden Road Ste 101	CITY: San Jose	STATE: CA	ZIP CODE: 95125
<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:		

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

NAME: Santa Clara Valley Transportation Authority	ADDRESS: 3331 N. 1st Street	CITY: San Jose	STATE: CA	ZIP CODE: 95134
<input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)	DAF NAME:	DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)		
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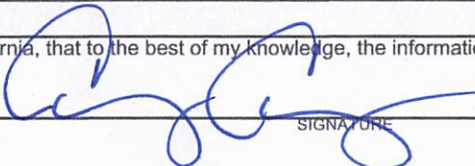
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NAME: Sheet Metal Workers' Local Union 104	ADDRESS: 3232 Constitution Dr.	CITY: Livermore	STATE: CA	ZIP CODE: 94551
<input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)	DAF NAME:	DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)		
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		<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	

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REASON FOR ESTIMATE:

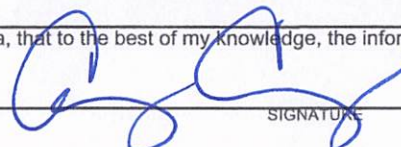
5. Amendment Description and/or Comments (Provide date of original filing or confirmation number in Part 1.)

Received information from Valley Health Foundation on 4/18/24

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 5/2/2024
DATE

By 
SIGNATURE

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)	Date Stamp (Agency)	CALIFORNIA FORM 803

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

ELECTED OFFICER OR CPUC MEMBER: Cindy Chavez	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, Executive Assistant	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: San Jose Earthquakes	ADDRESS: 1123 Coleman Avenue	CITY: San Jose	STATE: CA	ZIP CODE: 95110
<input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)	DAF NAME:	DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)		
<input checked="" type="checkbox"/> Payor is a named party or the subject of a proceeding before my agency.		BRIEF DESCRIPTION OF PROCEEDINGS: Fairgrounds development		

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

NAME: Valley Health 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:
4/15/24	\$10,000	<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	Support Women's Leadership and Policy Summit
		<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:

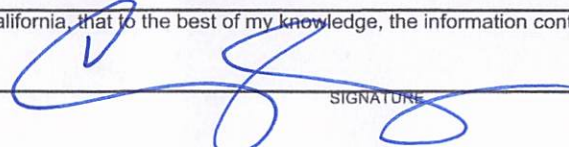
5. Amendment Description and/or Comments (Provide date of original filing or confirmation number in Part 1.)

Received information from Valley Health Foundation on 4/18/24

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 5/2/2024
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Amendment of Filing <input type="checkbox"/> Check box if an Amendment / / (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency)	CALIFORNIA FORM 803
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1. Elected Officer or CPUC Member (Last name, First name)

ELECTED OFFICER OR CPUC MEMBER: Cindy Chavez	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, Executive Assistant	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: Working Partnership USA	ADDRESS: 2302 Zanker Road	CITY: San Jose	STATE: CA	ZIP CODE: 95131
<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: Valley Health 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:
1/24/24	\$5,000	<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	Support Women's Leadership and Policy Summit
		<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.

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Received information from Valley Health Foundation on 4/18/24

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Executed on 5/2/2024 DATE

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