Δ	Behested Pa Public Doc		Amendment of Filing Check box if an Amendment (Month, Day, Year) Confirmation Number Date Stamp (Agency) CALIFORNIA FORM								
1.	Elected Office	er or CPUC Mer	nber (Last name, First name)			1 Contin	mauc	on Number			
•		R OR CPUC MEMBE			AGENCY NAME			AGENCY S	TREET ADDRESS:		
	Cindy Chavez				Santa Clara	County		70 W. He	edding Street, 10th Fl	oor, San Jose	CA 95110
	DESIGNATED COL	NTACT PERSON (NA	ME AND TITLE):		AREA CODE/PH	ONE NUMBER:	_	E-MAIL:			
	Kathy Sutherla	and, Executive	Assistant		408-299-502	20		kathy.sut	therland@bos.sccgov	org.	
2.		ation (For addition	nal payors, include an attachment with	h the nam	es, addresses, a	and proceeding i	info	rmation)			
	NAME:			100	RESS:				CITY:	STATE:	ZIP CODE:
	Forty Niners F	ootball Compar		494	9 Marie DeB	and the second second second			Santa Clara	CA	95054
	☐ Donor Advised	d Fund (DAF) ructions)	IAME:			DONOR(S)AN	D DONOR'S ADVISO	R: (SEE INSTRUCTIONS.)		
	Payor is a nam	ned party or the subj	ect of a proceeding before my agency		F DESCRIPTION	OF PROCEEDII	NGS	3:			
3.	Payee Inform	ation (For addition	nal payees, include an attachment wit	th the nam	ies, addresses a	and relationship	info	ermation)			
	NAME:		With the same of t	ADDRESS					CITY:	STATE:	ZIP CODE:
	Valley Health	Foundation		2400 CI	ove Drive				San Jose	CA	95128
	For a nonprofit or	ganization payee, p	rovide a brief description of any relation ficer) or position on an honorary or advi	ship to the	official, official's	mmediate family	me	mber or staff memb	er in the role of founder, sala	aried employee, de	cision-making
	NAME AND TITLE:				H THE NONPRO	Name and Address of the Owner, where the Owner, which is the Owne			BRIEF DESCRIPTION:		
ta Residen							-				
4.			te all information. For estimated payn	ment inform	nation check the	box below.)					
	DATE (MONTH/DAY/YEAR)	AMOUNT	PAYMENT TYPE	BRIEF DE	SCRIPTION OF IN	KIND PAYMENT		PURPOSE	DESCRIBE THE LEG CHARITABLE	GISLATIVE, GOVE PURPOSE, OR E	RNMENTAL, VENT:
	1/12/24	\$5,000	✓ MONETARY DONATION✓ IN-KIND GOODS OR SERVICES					LEGISLATIVE GOVERNMENTAL CHARITABLE	Support Women's Le	eadership and	Policy Summit
			MONETARY DONATION				house	LEGISLATIVE			
			☐ IN-KIND GOODS OR SERVICES				H	GOVERNMENTAL CHARITABLE			
	The	is an estimat	e and reflects my best efforts at obtain	ning the ac	curate	N FOR ESTIMAT	TE:	OTHERTABLE			
5		Docarintian and	d/or Comments (Provide date of	a delegal fil	ing as sonfirmed	lan aumharia D		4.)			
٥.			alley Health Foundation on 4/1		ing or confirmati	on number in P	art	1.)			
6.	Verification						-				
		nalty of perjury unde	er the laws of the State of California,	hat to the	best of my know	ledge, the infor	mat	tion contained here	in is true and complete.		
		/2024		1	(/ / -						
	Executed on	DATE	Ву		9-6	SIGNATURE					03 (February/2022) dvice@fppc.ca.gov

Δ	Behested Payment Report A Public Document Type or Print in Ink.					Check bo	ox if	an Amendment	Date Stamp (Agency)	CA	LIFORN FORM	NA 803
						#Confi	mati	on Number				
1.	Elected Office	er or CPUC Me	mber (Last name, First name)			00,111	incia	on Humber				
		R OR CPUC MEMB			AGENCY NAME:			AGENCY ST	REET ADDRESS:			
	Cindy Chavez	Z			Santa Clara	County		70 W. He	edding Street, 10th F	loor, S	an Jose	CA 95110
	DESIGNATED CO	NTACT PERSON (N	IAME AND TITLE):		AREA CODE/PH	ONE NUMBER:		E-MAIL:				
	Kathy Sutherl	and, Executive	Assistant		408-299-502	20		kathy.sut	herland@bos.sccgo	v.org		
2.	Payor Inform	ation (For addition	onal payors, include an attachment with	the nam	nes, addresses, a	nd proceeding	info	rmation)				
	NAME:	h Care Foundat	tion		RESS: 71 Martin Ave	nue			CITY: Santa Clara		STATE:	ZIP CODE: 95050
	Aryana rican	and the same of th	NAME:	110	7 I Warun Ave		AA(a	ID DONOR'S ADVISOR	R: (SEE INSTRUCTIONS.)		- CA	193030
	☐ Donor Advise (see inst	d Fund (DAF)							,			
	Payor is a nar	med party or the sub	bject of a proceeding before my agency.		EF DESCRIPTION	OF PROCEEDI	NG:	S:				
3.	Payee Inform	ation (For addition	onal payees, include an attachment with	h the nar	nes, addresses a	nd relationship	info	ormation)				
	NAME:		Į,	DDRESS	S:				CITY:		STATE:	ZIP CODE:
					love Drive				San Jose		CA	95128
	For a nonprofit or	rganization payee,	provide a brief description of any relations officer) or position on an honorary or advis	ship to the	e official, official's i	mmediate family	me	ember or staff member	er in the role of founder, sa	laried em	ployee, dec	cision-making
	NAME AND TITLE				TH THE NONPRO				BRIEF DESCRIPTION:			
4.	Payment Info	rmation (Compl	ete all information. For estimated paym	nent infor	mation check the	box below.)						
	DATE (MONTH/DAY/YEAR	AMOUNT			ESCRIPTION OF IN-			PURPOSE	DESCRIBE THE LE CHARITABL	GISLATI E PURPO	IVE, GOVER	RNMENTAL, /ENT:
	4/18/24	\$5,000	✓ MONETARY DONATION ☐ IN-KIND GOODS OR SERVICES					LEGISLATIVE GOVERNMENTAL CHARITABLE	Support Women's L			
			☐ MONETARY DONATION ☐ IN-KIND GOODS OR SERVICES	4				LEGISLATIVE GOVERNMENTAL CHARITABLE				il y
	The	ount) is an estima	ate and reflects my best efforts at obtain	ing the a	ccurate	N FOR ESTIMA	TE:					1111111
5.	Amendment	Description an	id/or Comments (Provide date of	original f	iling or confirmati	ion number in F	art	1.)				
	Received info	ormation from V	alley Health Foundation on 4/1	8/24								
6.	Verification											
		nalty of perjury und	der the laws of the State of California, the	hat to the	best of my know	ledge, the info	ma	tion contained here	in is true and complete.			111111111111111111111111111111111111111
	Executed on	2/2024 DATE	Ву	1		SIGNATURE				FPP		3 (February/2022

	ehested Payment Report Public Document					Amendment of Filing Check box if an Amendment (Month, Day, Year) Date Sta				CALIFOR FORM	
Ту	pe or Print in Ink.					#		Day, Year)			
	Elected Office	er or CPUC Mer	mber (Last name, First name)								1000000
	ELECTED OFFICE	R OR CPUC MEMBE	R:		AGENCY NAME:	:		AGENCY S	TREET ADDRESS:		
	Cindy Chavez				Santa Clara	County		70 W. He	edding Street, 10th FI	oor, San Jose	CA 95110
	DESIGNATED COM	NTACT PERSON (NA	AME AND TITLE):		AREA CODE/PH	ONE NUMBER:		E-MAIL:			
	Kathy Sutherla	and, Executive	Assistant		408-299-502	20		kathy.su	therland@bos.sccgov	/.org	
2.	Payor Informa	ation (For addition	nal payors, include an attachment with	h the nam	es, addresses, a	and proceeding	info	ormation)			
	NAME:				RESS:				CITY:	STATE:	ZIP CODE:
	Caltrain			125	50 San Carlos				San Carlos	CA	94070
	☐ Donor Advised	d Fund (DAF)	NAME:			DONOR(S	AA(2	ND DONOR'S ADVISO	R: (SEE INSTRUCTIONS.)		
	Payor is a nam	ned party or the sub	ject of a proceeding before my agency		EF DESCRIPTION	OF PROCEED	ING	S:			
3.	Pavee Informa	ation (For addition	nal payees, include an attachment wit	th the nan	nes. addresses a	and relationship	info	ormation)			
	NAME:			ADDRESS					CITY:	STATE:	ZIP CODE:
	Valley Health	Foundation		2400 C	love Drive				San Jose	CA	95128
	For a nonprofit or	ganization payee, p	orovide a brief description of any relation of conficer) or position on an honorary or advi	ship to the	official, official's	immediate famil	y me	ember or staff memb	er in the role of founder, sala	aried employee, de	cision-making
	capacity (board me				d. TH THE NONPRO				BRIEF DESCRIPTION:		
	NAME AND TITLE.			NOLL WIT	THE NOW NO	TTORONINZA	1101		BRIEF BEGORIE FIGH.		
١.	Payment Info	rmation (Comple	ete all information. For estimated payn	nent infor	mation check the	e box below.)					
	DATE (MONTH/DAY/YEAR)	AMOUNT	PAYMENT TYPE	BRIEF DE	SCRIPTION OF IN	-KIND PAYMENT	T	PURPOSE	DESCRIBE THE LE	GISLATIVE, GOVE PURPOSE, OR E	RNMENTAL, VENT:
	2/29/24	\$5,000	✓ MONETARY DONATION ☐ IN-KIND GOODS OR SERVICES					LEGISLATIVE GOVERNMENTAL CHARITABLE	Support Women's Le	eadership and	Policy Summit
			MONETARY DONATION				F	LEGISLATIVE GOVERNMENTAL			
			IN-KIND GOODS OR SERVICES					CHARITABLE			
	The	ount) is an estima	te and reflects my best efforts at obtain	ning the a	ccurate	ON FOR ESTIMA	ATE:				
5.	Amendment [Description an	d/or Comments (Provide date of	original fi	iling or confirmat	ion number in l	Part	1.)	STATES OF STATES AND		
	Received info	rmation from Va	alley Health Foundation on 4/1	18/24							
i.	Verification										
-5%		nalty of perjury und	er the laws of the State of California	that to the	best of my know	vledge, the info	orma	ation contained here	ein is true and complete.		
		/2024		N	_ (V					
	Executed on	DATE	By		7	SIGNATURE	\leq				03 (February/2022) dvice@fppc.ca.gov

	Sehested Pa Public Doc	-					of Filing Amendment	Date Stamp (Agency)	CALIFOR FORM		
Ту	pe or Print in Ink.					#	th, Day,				
1.	Elected Office	er or CPUC Me	ember (Last name, First name)							and the second	
	ELECTED OFFICE	R OR CPUC MEMB	ER:		AGENCY NAME	:		AGENCY S	TREET ADDRESS:		
	Cindy Chavez				Santa Clara	County		70 W. He	edding Street, 10th F	loor, San Jose	CA 95110
	DESIGNATED CO	NTACT PERSON (N	NAME AND TITLE):		AREA CODE/PH	ONE NUMBER:		E-MAIL:		-	
	Kathy Sutherla	and, Executive	Assistant		408-299-502	20		kathy.su	therland@bos.sccgo	v.org	
2.		ation (For addition	onal payors, include an attachment v			and proceeding	nforma	ation)			
	NAME:				DRESS:				CITY:	STATE:	ZIP CODE:
	El Camino He	alth		25	600 Grant Roa				Mt. View	CA	94040
	☐ Donor Advised	d Fund (DAF)	NAME:			DONOR(S) AND D	ONOR'S ADVISO	R: (SEE INSTRUCTIONS.)		
				100000	IEF DESCRIPTION	OF PROCEEDI	NGS:				
	Payor is a nam	ned party or the sul	bject of a proceeding before my ager	ncy.							
3.		ation (For addition	onal payees, include an attachment	with the na	mes, addresses a	and relationship	inform	ation)			
	NAME:			ADDRES					CITY:	STATE:	ZIP CODE:
	Valley Health				Clove Drive				San Jose	CA	95128
			provide a brief description of any relati officer) or position on an honorary or a	ionship to the	ne official, official's ird.	immediate family	memb	er or staff memb		aried employee, de	ecision-making
	NAME AND TITLE:			ROLE W	ITH THE NONPRO	FIT ORGANIZAT	ION:		BRIEF DESCRIPTION:		
4.	Payment Info	rmation (Compl	lete all information. For estimated pa	avment info	rmation check the	box below.)	-				
	DATE (MONTH/DAY/YEAR)		PAYMENT TYPE		ESCRIPTION OF IN		ı	PURPOSE	DESCRIBE THE LE	GISLATIVE, GOVE E PURPOSE, OR E	ERNMENTAL, EVENT:
	2/20/24	\$5,000	✓ MONETARY DONATION ☐ IN-KIND GOODS OR SERVICE	ES			G	GISLATIVE OVERNMENTAL HARITABLE	Support Women's L		
			MONETARY DONATION In-KIND GOODS OR SERVICE	ES			G	GISLATIVE OVERNMENTAL HARITABLE			
	The	is an estima	ate and reflects my best efforts at obt	taining the	accurate REASC	N FOR ESTIMA	TE:				
5.	Amendment I	Description ar	nd/or Comments (Provide date	of original	filing or confirmat	ion number in F	art 1.)				
	Received info	rmation from V	alley Health Foundation on 4	4/18/24							
6.	Verification			1							
	I certify, under per	nalty of perjury und	der the laws of the State of California	a that to th	e best of my know	vledge, the info	mation	contained here	ein is true and complete.		
	Executed on 5/2	/2024	Bv	8						FPPC Form 8	03 (February/2022

DATE

	Behested Payment Report A Public Document							of Filing Amendment	Date Stamp (Agency)	CALIFOR FORM	803 AIN
T	ype or Print in Ink					#	nth, Day				
1.	Elected Office	er or CPUC Me	ember (Last name, First name)		AND AND INCOME.					and the second	
	ELECTED OFFICE	R OR CPUC MEMB	ER:		AGENCY NAME	:		AGENCY ST	REET ADDRESS:		
	Cindy Chavez	Z			Santa Clara	County		70 W. He	edding Street, 10th	Floor, San Jose	CA 95110
	DESIGNATED CO	NTACT PERSON (N	NAME AND TITLE):		AREA CODE/PH	ONE NUMBER:		E-MAIL:			
	Kathy Sutherl	and, Executive	Assistant		408-299-502	20		kathy.sut	herland@bos.sccg	jov.org	
2.		ation (For addition	onal payors, include an attachment witi			and proceeding	inform	nation)			
	NAME:				ORESS:				CITY:	STATE:	ZIP CODE:
	Kaiser Perma			75	N. Fair Oaks				Pasadena	CA	91103
	☐ Donor Advised	d Fund (DAF)	NAME:			DONOR(S)AND I	DONOR'S ADVISOR	R: (SEE INSTRUCTIONS.)		
	Payor is a nam	ned party or the sul	bject of a proceeding before my agency		EF DESCRIPTION	OF PROCEEDI	NGS:				
3.	Payee Inform	ation (For addition	onal payees, include an attachment wi	th the nar	nes, addresses a	and relationship	inforn	nation)			
	NAME:			ADDRESS	3:				CITY:	STATE:	ZIP CODE:
	Valley Health				love Drive				San Jose	CA	95128
	For a nonprofit or capacity (board me		provide a brief description of any relation officer) or position on an honorary or adv		e official, official's d. TH THE NONPRO			ber or staff memb	BRIEF DESCRIPTION:	salaried employee, de	cision-making
	TV WILL THE TITLE.			NOLL W	THE NOW NO	, i i o no ni ne n	1011.		DIVILLY DEGOTAL TION.		
4.	Payment Info	rmation (Compl	lete all information. For estimated payr	nent infor	mation check the	box below.)					CHARLES AND CONTRACTOR
	DATE (MONTH/DAY/YEAR)	TAMOUNT	PAYMENT TYPE		ESCRIPTION OF IN			PURPOSE	DESCRIBE THE CHARITAI	LEGISLATIVE, GOVE BLE PURPOSE, OR E	RNMENTAL, VENT:
	3/21/24	10,000	✓ MONETARY DONATION ☐ IN-KIND GOODS OR SERVICES	0-4-1-1-1			G	EGISLATIVE OVERNMENTAL HARITABLE	Support Women's	Leadership and	Policy Summi
			MONETARY DONATION In-KIND GOODS OR SERVICES		M. IRF	41-29	☐ G	EGISLATIVE GOVERNMENTAL HARITABLE			
	The (DATE/AMO information.	ount) is an estima	ate and reflects my best efforts at obtain	ning the a	ccurate	ON FOR ESTIMA	TE:				
5.	Amendment I	Description an	nd/or Comments (Provide date of	original f	filing or confirmat	ion number in F	art 1.))			
	Received info	rmation from V	alley Health Foundation on 4/1	18/24							
6.	Verification			_							
		nalty of perjury und	der the laws of the State of California	hat to the	e best of my know	wledge, the info	matio	n contained here	in is true and complete		
	5/2	/2024		71		/					

Executed on _

DATE

FPPC Form 803 (February/2022) advice@fppc.ca.gov

	A Public Document					Amendr Check box		Amendment	Date Stamp (Agency)	CALIFORI FORM	803 AIN
T	ype or Print in Ink					#	h, Day, Y				
1.	Elected Office	er or CPUC Me	ember (Last name, First name)								
	ELECTED OFFICE	R OR CPUC MEMB	ER:		AGENCY NAME	:		AGENCY ST	REET ADDRESS:		
	Cindy Chavez	Z			Santa Clara	County		70 W. He	edding Street, 10th Fl	oor, San Jose	CA 95110
	DESIGNATED CO	NTACT PERSON (N	NAME AND TITLE):		AREA CODE/PH	IONE NUMBER:		E-MAIL:			
	Kathy Sutherl	and, Executive	Assistant		408-299-502	20		kathy.sut	herland@bos.sccgov	org/.org	
2.	Payor Inform	ation (For addition	onal payors, include an attachment wit	h the nan	nes, addresses, a	and proceeding i	nforma	tion)			
	NAME:				DRESS:	No. 18 III - A			CITY:	STATE:	ZIP CODE:
	Santa Clara V	/alley Water		57	50 Almaden E	Expressway			San Jose	CA	95118
	☐ Donor Advise (see inst	d Fund (DAF)	NAME:			DONOR(S)	AND DO	ONOR'S ADVISOR	R: (SEE INSTRUCTIONS.)		
	Payor is a nam	ned party or the sul	bject of a proceeding before my agenc		EF DESCRIPTION	OF PROCEEDIN	IGS:				
3.	Payee Inform	ation (For addition	onal payees, include an attachment wi	th the nai	nes, addresses a	and relationship i	nforma	tion)			
	NAME:			ADDRESS	3:				CITY:	STATE:	ZIP CODE:
	Valley Health	Foundation		2400 C	love Drive				San Jose	CA	95128
	For a nonprofit or capacity (board me	rganization payee,	provide a brief description of any relation officer) or position on an honorary or adv	ship to the	e official, official's	immediate family	membe	r or staff member	er in the role of founder, sale	aried employee, de	cision-making
	NAME AND TITLE				TH THE NONPRO				BRIEF DESCRIPTION:		
4.	Payment Info	rmation (Compl	lete all information. For estimated pays	ment info	mation check the	e hox below)					
	DATE (MONTH/DAY/YEAR)	AMOUNT	PAYMENT TYPE	T	ESCRIPTION OF IN		Р	URPOSE	DESCRIBE THE LE CHARITABLE	GISLATIVE, GOVE	RNMENTAL, VENT:
	2/20/24	\$5,000	✓ MONETARY DONATION ☐ IN-KIND GOODS OR SERVICES				GO	GISLATIVE VERNMENTAL ARITABLE	Support Women's Lo		
			MONETARY DONATION IN-KIND GOODS OR SERVICES				GO GO	GISLATIVE VERNMENTAL ARITABLE			
	The (DATE/AM)	ount) is an estima	ate and reflects my best efforts at obtain	ning the a	ccurate REASC	ON FOR ESTIMAT	E:				To be
5.	Amendment I	Description ar	nd/or Comments (Provide date of	f original t	iling or confirmat	ion number in Pa	art 1.)				
	Received info	rmation from V	/alley Health Foundation on 4/	18/24							
6.	Verification										
		nalty of perjury und	der the laws of the State of California	that to the	best of my know	vledge, the infor	nation	contained here	in is true and complete.		
	5/2	/2024		/	- (-	-					

Executed on _

DATE

FPPC Form 803 (February/2022) advice@fppc.ca.gov

	Behested Payment Report A Public Document						ent of Filing if an Amendment	Date Stamp (Agency)	CALIFOR FORM	- The second
Ty	ype or Print in Ink.				#		Day, Year)			
1.	Elected Office	er or CPUC Me	mber (Last name, First name)							
		R OR CPUC MEMB		AGENO	CY NAME:		AGENCY ST	REET ADDRESS:		
	Cindy Chavez	Z		Santa	a Clara County		70 W. He	edding Street, 10th F	Floor, San Jose	CA 95110
	DESIGNATED CO	NTACT PERSON (N	IAME AND TITLE):	AREA (CODE/PHONE NUMBER	₹:	E-MAIL:			
	Kathy Sutherl	and, Executive	Assistant	408-2	299-5020		kathy.sut	herland@bos.sccgc	ov.org	
2.	Payor Informa	ation (For addition	onal payors, include an attachment with	the names, add	resses, and proceeding	g int	formation)			
	NAME: Santa Clara &	San Benito Co	ounties Building & Constuction	ADDRESS: 2102 Alm	naden Road Ste 1	01		CITY: San Jose	STATE:	ZIP CODE: 95125
	☐ Donor Advised (see instr	d Fund (DAF)	NAME:		DONOR	R(S) A	ND DONOR'S ADVISOR	R: (SEE INSTRUCTIONS.)		de Ti
	Payor is a nan	ned party or the sul	bject of a proceeding before my agency.		CRIPTION OF PROCEE	DING	3S:			
3.	Payee Inform	ation (For addition	onal payees, include an attachment with	n the names, add	dresses and relationsh	ip in	formation)			
	NAME:		A	DDRESS:				CITY:	STATE:	ZIP CODE:
					rive			San Jose	CA	95128
	For a nonprofit or	rganization payee,	provide a brief description of any relations officer) or position on an honorary or advis	ship to the official,	official's immediate fan	nily m	nember or staff memb	er in the role of founder, sa	alaried employee, de	ecision-making
	NAME AND TITLE:				NONPROFIT ORGANIZ			BRIEF DESCRIPTION:		
_						_				
4.	DATE DATE		lete all information. For estimated paym					DESCRIBE THE I	EGISLATIVE GOVE	PNMENTAL
	(MONTH/DAY/YEAR)	AMOUNT	PAYMENT TYPE	BRIEF DESCRIPT	ION OF IN-KIND PAYMEN	-	PURPOSE		EGISLATIVE, GOVE LE PURPOSE, OR E	
	3/13/24	\$5,000	✓ MONETARY DONATION ☐ IN-KIND GOODS OR SERVICES					Support Women's I	Leadership and	Policy Summ
			☐ MONETARY DONATION ☐ IN-KIND GOODS OR SERVICES				LEGISLATIVE GOVERNMENTAL CHARITABLE			
	☐ The— (DATE/AM) information.	ount) is an estima	ate and reflects my best efforts at obtaini	ing the accurate	REASON FOR ESTIM	MATE				
5.	Amendment I	Description ar	nd/or Comments (Provide date of	original filing or o	confirmation number in	Par	t 1.)	na far		
	Received info	rmation from V	alley Health Foundation on 4/1	8/24						
6.	Verification						SAR SALSON			
		nalty of perjury und	der the laws of the State of California, th	nat to the best of	my knowledge, the in	form	ation contained here	in is true and complete.		
	Executed on 5/2	2/2024 DATE	ву		SIGNATURE	_			FPPC Form 8	03 (February/202

F	Behested Payment I A Public Document Type or Print in Ink.		Amendment of Filing Check box if an Amendment (Month, Day, Year) #					CALIFORM	803 NIA	
-				#-	Confin	mation Number	er l			
1.	Cindy Chavez		s	SENCY NAME: anta Clara Co	The latest terminal		70 W. He	REET ADDRESS: dding Street, 10th F	loor, San Jose	CA 95110
	DESIGNATED CONTACT PERSO			08-299-5020	NUMBER:		E-MAIL: kathy.sutl	herland@bos.sccgov	v.org	
2.	NAME: Santa Clara Valley Trans Donor Advised Fund (DAF) (see instructions)	portation Authority DAF NAME: e subject of a proceeding before my age	3331		DONOR(S))AND DONG		San Jose R: (SEE INSTRUCTIONS.)	STATE: CA	ZIP CODE: 95134
3.	NAME: Valley Health Foundation	dditional payees, include an attachment yee, provide a brief description of any rela tive officer) or position on an honorary or a	ADDRESS: 2400 Clov stionship to the of advisory board.	ve Drive	ediate family	member o	r staff membe	CITY: San Jose er in the role of founder, sal BRIEF DESCRIPTION:	STATE: CA aried employee, de	ZIP CODE: 95128 cision-making
4.	DATE (MONTH/DAY/YEAR) AMOUN 2/21/24 \$5,000	T PAYMENT TYPE MONETARY DONATION IN-KIND GOODS OR SERVICE MONETARY DONATION IN-KIND GOODS OR SERVICE IN-KIND GOODS OR SERVICE Stimate and reflects my best efforts at ob-	BRIEF DESC	RIPTION OF IN-KIN		LEGIS GOVE CHAR LEGIS GOVE CHAR	POSE LATIVE RNMENTAL TABLE LATIVE RNMENTAL TABLE TABLE	DESCRIBE THE LE CHARITABLI Support Women's L		
5.	Amendment Description	n and/or Comments (Provide date m Valley Health Foundation on		g or confirmation i	number in P	art 1.)				
6.	Verification I certify, under penalty of perjury Executed on 5/2/2024	v under the laws of the State of Californ By	ia, that to the be	X	ge, the infor	mation cor	ntained here	in is true and complete.		03 (February/2022)

	Rehested Pa	ayment Rep				of Filing Amendment	Date Stamp (Agency)	CALIFOR	NIA 803		
	ype or Print in Ink					#	nth, Day,			FORM	
1.	Elected Office	er or CPUC Me	mber (Last name, First name)								
		R OR CPUC MEMBE			AGENCY NAME:	:		AGENCY ST	TREET ADDRESS:		Y
	Cindy Chavez	Z			Santa Clara	County		70 W. He	edding Street, 10th F	loor, San Jose	CA 95110
	DESIGNATED CO	NTACT PERSON (N.	AME AND TITLE):		AREA CODE/PH	ONE NUMBER:		E-MAIL:			
	Kathy Suther	land, Executive	Assistant		408-299-502	20		kathy.sut	therland@bos.sccgov	v.org	
2.		ation (For addition	nal payors, include an attachment with			and proceeding	informa	ation)	-		
	NAME: Sheet Metal \	Norkers' Local U	Inion 104		RESS: 32 Constitutio	n Dr			CITY: Livermore	STATE:	ZIP CODE: 94551
	Officer Metal V		NAME:	020	32 Constitutio	Mary and the same of the same	AND	ONOR'S ADVISO	R: (SEE INSTRUCTIONS.)	OA	34331
	☐ Donor Advise (see inst					501101110	,,	301101107107100	in (occurrent on one)		
	☐ Payor is a nar	med party or the sub	ject of a proceeding before my agency		EF DESCRIPTION	OF PROCEEDI	NGS:				
3.	Payee Inform	nation (For additio	nal payees, include an attachment wit	h the nan	nes, addresses a	and relationship	inform	ation)			
	NAME:		-	DDRESS	S:				CITY:	STATE:	ZIP CODE:
	Valley Health	Foundation		2400 C	love Drive				San Jose	CA	95128
	For a nonprofit o	rganization payee, pember or executive of	provide a brief description of any relations	ship to the	e official, official's	immediate family	memb	er or staff memb	er in the role of founder, sal	aried employee, de	cision-making
	NAME AND TITLE				TH THE NONPRO				BRIEF DESCRIPTION:		
4.	Payment Info	ormation (Comple	ete all information. For estimated payn	nent infor	mation check the	e box below.)					
	DATE (MONTH/DAY/YEAR	AMOUNT	PAYMENT TYPE		ESCRIPTION OF IN			PURPOSE	DESCRIBE THE LE CHARITABLE	GISLATIVE, GOVE E PURPOSE, OR E	RNMENTAL, VENT:
	1/24/24	\$5,000	■ MONETARY DONATION □ IN-KIND GOODS OR SERVICES				G	EGISLATIVE OVERNMENTAL HARITABLE	Support Women's L	eadership and	Policy Summit
			☐ MONETARY DONATION ☐ IN-KIND GOODS OR SERVICES				G	GISLATIVE OVERNMENTAL			
	The	is an estima	te and reflects my best efforts at obtain	ing the a	ccurate REASC	N FOR ESTIMA		HARITABLE			
5.		Description an	d/or Comments (Provide date of	original f	iling or confirmat	ion number in F	art 1)				
٥.			alley Health Foundation on 4/1		ing or committee	ion number in r	art 1.)				
6.	Verification			_							
٠.		enalty of perjury und	er the laws of the State of California, the	nat to the	best of my know	vledge, the info	mation	n contained here	ein is true and complete.		
	5/2	2/2024		1		1)				
	Executed on	DATE	Ву	9	7	SIGNATURE					03 (February/2022) dvice@fppc.ca.gov

	Behested Payment Report A Public Document							nt of Filing an Amendment	Date Stamp (Agency)	CALIFOR FORM	803 AIN
Т	ype or Print in Ink					#		on Number			
1.	Elected Office	er or CPUC Me	ember (Last name, First name)								
		R OR CPUC MEMB			AGENCY NAME	:		AGENCY ST	REET ADDRESS:		
	Cindy Chavez	Z		145	Santa Clara	County		70 W. He	edding Street, 10th F	loor, San Jose	CA 95110
	DESIGNATED CO	NTACT PERSON (N	NAME AND TITLE):		AREA CODE/PH	HONE NUMBER:		E-MAIL:	1204		1 × 1 = 1
	Kathy Sutherl	and, Executive	Assistant		408-299-502	20		kathy.sut	herland@bos.sccgo	v.org	
2.	Payor Inform	ation (For addition	onal payors, include an attachment with	the name	es, addresses, a	and proceeding	info	rmation)			
	NAME:				RESS:		111-0-		CITY:	STATE:	ZIP CODE:
	San Jose Ear			112	3 Coleman A				San Jose	CA	95110
	☐ Donor Advise (see inst	d Fund (DAF)	NAME:			DONOR(S	S) AN	D DONOR'S ADVISO	R: (SEE INSTRUCTIONS.)		
	Payor is a nar	med party or the sul	bject of a proceeding before my agency		F DESCRIPTION grounds dev	of PROCEEDI Velopment	NGS	S:			
3.	Payee Inform	ation (For addition	onal payees, include an attachment wit	h the nam	es, addresses a	and relationship	info	rmation)			
	NAME:		<i>[</i>	ADDRESS					CITY:	STATE:	ZIP CODE:
	Valley Health Foundation 24				ove Drive				San Jose	CA	95128
	For a nonprofit or	rganization payee,	provide a brief description of any relation officer) or position on an honorary or advi	ship to the	official, official's	immediate family	/ me	mber or staff memb	er in the role of founder, sal	laried employee, de	cision-making
	NAME AND TITLE					FIT ORGANIZAT			BRIEF DESCRIPTION:		
4.	Payment Info	rmation (Compl	lete all information. For estimated payn	nent inform	nation check the	e hox helow)	Line of				
	DATE (MONTH/DAY/YEAR	AMOUNT	PAYMENT TYPE		SCRIPTION OF IN		Г	PURPOSE	DESCRIBE THE LE CHARITABL	GISLATIVE, GOVE	RNMENTAL,
	4/15/24	\$10,000	✓ MONETARY DONATION ☐ IN-KIND GOODS OR SERVICES					LEGISLATIVE GOVERNMENTAL CHARITABLE	Support Women's L		
		1	MONETARY DONATION In-KIND GOODS OR SERVICES	147				LEGISLATIVE GOVERNMENTAL CHARITABLE			
	Theinformation.	is an estima	ate and reflects my best efforts at obtain	ning the ac	curate	ON FOR ESTIMA	TE:				
5.	Amendment	Description an	nd/or Comments (Provide date of	original fil	ing or confirmat	tion number in F	Part	1.)			
	Received info	ormation from V	/alley Health Foundation on 4/1	8/24							
6.	Verification										
		nalty of perjury und	der the laws of the State of California	hat to the	best of my know	wledge, the info	rmat	tion contained here	in is true and complete.		
	Executed on 5/2	2/2024 DATE	Ву		X	SIGNATURE					03 (February/2022

	Behested Payment Rep A Public Document			Amenda Check bo		Amendment	Date Stamp (Agency)	CALIFORI FORM	803 AIN	
Ty	ype or Print in Ink.				#	th, Day, Y				
1.	Elected Officer or CPUC Men	nber (Last name, First name)								
	ELECTED OFFICER OR CPUC MEMBER	R:		AGENCY NAME:	:			REET ADDRESS:		
	Cindy Chavez			Santa Clara	County		70 W. He	edding Street, 10th Fl	oor, San Jose	CA 95110
	DESIGNATED CONTACT PERSON (NA	ME AND TITLE):		AREA CODE/PH	ONE NUMBER:		E-MAIL:			
	Kathy Sutherland, Executive A	Assistant		408-299-502	20		kathy.sut	herland@bos.sccgov	v.org	
2.	Payor Information (For addition	al payors, include an attachment with	the name	es, addresses, a	and proceeding	informa	tion)			
	NAME:			RESS:				CITY:	STATE:	ZIP CODE:
	Working Partnership USA		230	2 Zanker Ro				San Jose	CA	95131
	DAF N (see instructions)	IAME:			DONOR(S) AND DO	ONOR'S ADVISOR	R: (SEE INSTRUCTIONS.)		
	Payor is a named party or the subj	ect of a proceeding before my agency.		F DESCRIPTION	OF PROCEEDI	NGS:				
3.	Payee Information (For addition	nal payees, include an attachment with	h the nam	es, addresses a	and relationship	informa	tion)			
	NAME:		DDRESS:					CITY:	STATE:	ZIP CODE:
	Valley Health Foundation	2	2400 Cld	ove Drive				San Jose	CA	95128
	For a nonprofit organization payee, procapacity (board member or executive of	rovide a brief description of any relations	ship to the	official, official's	immediate family	membe	r or staff membe	er in the role of founder, sala	aried employee, de	cision-making
	NAME AND TITLE:				FIT ORGANIZAT			BRIEF DESCRIPTION:		
4.	Payment Information (Complete	te all information. For estimated paym	ent inform	nation check the	e hox below)					
	DATE (MONTH/DAY/YEAR) AMOUNT			SCRIPTION OF IN		Р	URPOSE	DESCRIBE THE LE CHARITABLE	GISLATIVE, GOVE	RNMENTAL,
	1/24/24 \$5,000	MONETARY DONATION IN-KIND GOODS OR SERVICES		2,000,000		GO	GISLATIVE VERNMENTAL	Support Women's L		
						-	ARITABLE			
		☐ MONETARY DONATION ☐ IN-KIND GOODS OR SERVICES				GO GO	VERNMENTAL ARITABLE			
	Theis an estimate information.	e and reflects my best efforts at obtain	ing the ac	curate REASC	ON FOR ESTIMA	ΓE:				
5.	Amendment Description and	d/or Comments (Provide date of	original fil	ing or confirmat	ion number in P	art 1.)				
		alley Health Foundation on 4/1								
6.	Verification							and the little of the little o		
	I certify, under penalty of perjury under	er the laws of the State of California, to	hat to the	best of my know	vledge, the infor	mation	contained here	in is true and complete.		
	Executed on DATE	Ву	16	-/	SIGNATURE					03 (February/2022)