

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)  01/12/2024	CALIFORNIA FORM 803
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1. Elected Officer or CPUC Member (Last name, First name)

ELECTED OFFICER OR CPUC MEMBER:

NICOLAS, BUENAFLORE

DESIGNATED CONTACT PERSON (NAME AND TITLE):

AGENCY NAME:

City of South San Francisco

AGENCY STREET ADDRESS:

400 Grand Ave., South San Francisco CA 94080

AREA CODE/PHONE NUMBER:

E-MAIL:

flor.nicolas@ssf.net

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

NAME:

Genentech

ADDRESS:

1 DNA Way

CITY:

South San Francisco

STATE:

CA

ZIP CODE:

94080

☐ Donor Advised Fund (DAF)
(see instructions)

DAF NAME:

Not applicable

DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)

Not applicable

☐ Payor is a named party or the subject of a proceeding before my agency.

BRIEF DESCRIPTION OF PROCEEDINGS:

Not applicable

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

NAME:

Asian American Recovery Services

ADDRESS:

1151 Mission Road

CITY:

South San Francisco

STATE:

CA

ZIP CODE:

94080

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:

Marcelle Valdez

ROLE WITH THE NONPROFIT ORGANIZATION:

PIONEERS Case Manager

BRIEF DESCRIPTION:

no relationship

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:
03/14/2023	\$10,000.00	<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	Inaugural San Mateo County Sister-to-Sister Conference to empower AANHPI young women
		<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
(DATE/AMOUNT)
information.

REASON FOR ESTIMATE:

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

Not applicable

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that the information contained herein is true and complete.

Executed on

01/12/2024

DATE

By

SIGNATURE