

Behested Payment Report

A Public Document

Behested Payment Report

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

Matsumoto, Karyl

Agency Name

City of South San Francisco

Agency Street Address

400 Grand Avenue, South San Francisco, CA 94080

Designated Contact Person (Name and title, if different)

Area Code/Phone Number

650-877-8500

E-mail (Optional)

Date Stamp

California 803
Form

For Official Use Only

☐ Amendment (See Part 5)

Date of Original Filing:

(month, day, year)

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

Ed Collantes

Name

Address

City

State

Zip Code

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

Please see attached.

Name

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 01/10/2019
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 20,000
(Round to whole dollars.)

Payment Type: ☒ Monetary Donation or ☐ In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: Donation to South San Francisco Parks and Recreation and South San Francisco Police Explorers Post 850

Purpose: (Check one and provide description below.) ☐ Legislative ☐ Governmental ☒ Charitable

Describe the legislative, governmental, charitable purpose, or event:

5. Amendment Description and/or Comments

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

DATE

By

FPPC Form 803 (January/2018)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

ATTACHMENT
PAYEE INFORMATION

1. South San Francisco Friends of Parks and Recreation
33 Arroyo Drive
South San Francisco, CA 94080
(\$17,000)

2. South San Francisco Police Explorers Post 850
33 Arroyo Drive, Suite C
South San Francisco, CA 94080
(\$3,000)