

Behested Payment Report

A Public Document

Type or Print in Ink.

Amendment of Filing
 Check box if an Amendment
 (Month, Day, Year)
 # _____
 Confirmation Number

RECEIVED
 Date Stamp (Agency)

AUG 15 2022

City of Redwood City

City Clerk

CALIFORNIA FORM 803

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

ELECTED OFFICER OR CPUC MEMBER:

Giselle Hale

AGENCY NAME:

Redwood City Council

AGENCY STREET ADDRESS:

1017 Middlefield Rd, Redwood City, CA

DESIGNATED CONTACT PERSON (NAME AND TITLE):

AREA CODE/PHONE NUMBER:

650-275-4253

E-MAIL:

ghale@redwoodcity.org

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

NAME:

Chan Zuckererg Initiative

ADDRESS:

601 Marshall St

CITY:

Redwood City

STATE:

CA

ZIP CODE:

94063

Donor Advised Fund (DAF)
 (see instructions)

DAF NAME:

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

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:

Peninsula Health Care District

ADDRESS:

1819 Trousdale Drive

CITY:

Burlingame

STATE:

CA

ZIP CODE:

94410

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.
07/27/22	250000	<input 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	Donation to support mental health services across San Mateo County
		<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.

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 8/12/2022

DATE

By _____

Giselle Hale
 SIGNATURE