Behested Payment Report
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/ / (Month, Day, Year)
Confirmation Number

Date Stamp (Agency)

CALIFORNIA FORM 803

SAN JOSE CITY CLERK
2025 JUL 10 PM 02:22

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

ELECTED OFFICER OR CPUC MEMBER:	AGENCY NAME:	AGENCY STREET ADDRESS:
Rosemary Kamei	City of San José	200 East Santa Clara Street, San José, CA 95113
DESIGNATED CONTACT PERSON (NAME AND TITLE):	**AREA CODE/PHONE NUMBER:**	**E-MAIL:**
Rosemary Kamei, Councilmember	(408) 535-4901	rosemary.kamei@sanjoseca.gov

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

NAME:	ADDRESS:	CITY:	STATE:	ZIP CODE:
House Family Vineyards	13336 Old Oak Way	Saratoga	CA	95070

☐ 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:	ADDRESS:	CITY:	STATE:	ZIP CODE:
Movimiento de Arte y Cultura Latino Americana de San Jo	510 South First Street	San Jose	CA	95113

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:
6/13/2025	$7,000.00	☐ MONETARY DONATION ☑ IN-KIND GOODS OR SERVICES	Ten boxes of wine	☐ LEGISLATIVE ☐ GOVERNMENTAL ☑ CHARITABLE	Support City Council Sponsored Special Event WEPA Salsa Festival June 13, 2025
		☐ MONETARY DONATION ☐ IN-KIND GOODS OR SERVICES		☐ LEGISLATIVE ☐ GOVERNMENTAL ☐ CHARITABLE	

☐ The $7,000.00 (DATE/AMOUNT) is an estimate and reflects my best efforts at obtaining the accurate information.

REASON FOR ESTIMATE: Told by vineyard verbally. Ten boxes with twelve bottles ($58) each plus estimated ta

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 July 10, 2025 (DATE) By Rosemary Kamei (SIGNATURE)

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