

Behested Payment Report
A Public Document

Type or Print in Ink.

<input type="checkbox"/> Amendment of Filing <input type="checkbox"/> Check box if an Amendment / / (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency)	CALIFORNIA FORM 803 CITY CLERK'S OFFICE NOV 18 2025 AM 08:01

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

ELECTED OFFICER OR CPUC MEMBER: Suen, Darren	AGENCY NAME: City of Elk Grove	AGENCY STREET ADDRESS: 8401 Laguna Palms Way
DESIGNATED CONTACT PERSON (NAME AND TITLE): Jason Lindgren, City Clerk	AREA CODE/PHONE NUMBER: 916-478-2286	E-MAIL: Jlindgren@elkgrove.gov

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

NAME: PG&E	ADDRESS: 1415 L Street, Suite 280	CITY: Sacramento	STATE: CA	ZIP CODE: 95814
<input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)	DAF NAME:	DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS)		
<input type="checkbox"/> 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: Elk Grove Food Bank	ADDRESS: 9888 Kent Street	CITY: Elk Grove	STATE: CA	ZIP CODE: 95624
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: Marie Jachino, Executive Director	ROLE WITH THE NONPROFIT ORGANIZATION: Leader of organization	BRIEF DESCRIPTION: community partner		

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:
11/07/2025	\$5000.00	<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	augment SNAP funding due to federal government shut down
		<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 _____ (DATE/AMOUNT) 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 11/17/2025 DATE

By [Signature] SIGNATURE