

Behested Payment Report A Public Document

Type or Print in Ink.

<input type="checkbox"/> Amendment of Filing Check box if an Amendment Feb / 6, / 2023 (Month, Day, Year)	Date Stamp (Agency)	CALIFORNIA FORM 803
# _____	Confirmation Number	

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

ELECTED OFFICER OR CPUC MEMBER: Krista Bernasconi	AGENCY NAME: City of Roseville	AGENCY STREET ADDRESS: 311 Vernon Street Roseville CA 95678
DESIGNATED CONTACT PERSON (NAME AND TITLE): Krista Bernasconi, city council member	AREA CODE/PHONE NUMBER: 916.223.1060	E-MAIL: kbernasconi@roseville.ca.us

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

NAME: Roseville Electric Enterprise	ADDRESS: 116 South Grant Street	CITY: Roseville	STATE: CA	ZIP CODE: 95678
<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: Roseville Area Chamber of Commerce	ADDRESS: 650 Douglas Blvd.	CITY: Roseville	STATE: CA	ZIP CODE: 95678
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: Rana Ghadban	ROLE WITH THE NONPROFIT ORGANIZATION: CEO	BRIEF DESCRIPTION: Official is member of the Chamber of Commerce		

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:
August 26, 2023	5,000	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES	Food, flowers, decorations	<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	Sponsor for City of Roseville State of the City event held on August 26, 2023
		<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input checked="" type="checkbox"/> LEGISLATIVE <input checked="" type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	
<input type="checkbox"/> 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 Feb 6, 2023
DATE

By 
SIGNATURE

Behested Payment Report A Public Document

Type or Print in Ink.

<input type="checkbox"/> Amendment of Filing Check box if an Amendment Feb / 6, / 2023 (Month, Day, Year)	Date Stamp (Agency)	CALIFORNIA FORM 803

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

ELECTED OFFICER OR CPUC MEMBER: Krista Bernasconi	AGENCY NAME: City of Roseville	AGENCY STREET ADDRESS: 311 Vernon Street Roseville CA 95678
DESIGNATED CONTACT PERSON (NAME AND TITLE): Krista Bernasconi, city council member	AREA CODE/PHONE NUMBER: 916.223.1060	E-MAIL: kbernasconi@roseville.ca.us

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

NAME: Kaiser Permanente	ADDRESS: 1600 Eureka Road	CITY: Roseville	STATE: CA	ZIP CODE: 95661
<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: Roseville Area Chamber of Commerce	ADDRESS: 650 Douglas Blvd.	CITY: Roseville	STATE: CA	ZIP CODE: 95678
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: Rana Ghadban	ROLE WITH THE NONPROFIT ORGANIZATION: CEO	BRIEF DESCRIPTION: Official is a member of the Chamber		

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:
August 26, 2022	5,000	<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	Sponsor for the City of Roseville State of the City event held on August 26, 2022
		<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input checked="" type="checkbox"/> LEGISLATIVE <input checked="" type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	
<input type="checkbox"/> 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 Feb 6, 2023
DATE

By 
SIGNATURE