Behested Payment Report

A Public Document

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Behested Payment Report

California Form 803

For Official Use Only

Date Stamp

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

Rocha, Donald

Agency Name

City of San Jose

Agency Street Address

200 E. Santa Clara St.

Designated Contact Person *(Name and title, if different)*

Shirley Goings, Executive Assistant

Area Code/Phone Number

408-535-4909

E-mail *(Optional)*

☐ **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.)*

John Moss
Name

Address	City	State	Zip Code
1900 S. Norfolk Street, Suite 150	San Mateo	CA	94403

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

Yes on A for Affordable Housing
Name

Address	City	State	Zip Code
6469 Almaden Expwy. #80-173	San Jose	CA	95120

4. Payment Information *(Complete all information.)*

Date of Payment: 10/19/16 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 10,000.00 *(Round to whole dollars.)*

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

Brief Description of In-Kind Payment: _____

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

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

Measure A for Affordable Housing Campaign

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 10/19/16 (DATE) By _____ (SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER)