# Behested Payment Report

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

Foley, Pam

**Agency Name**

City of San Jose

**Agency Street Address**

200 East Santa Clara St. San Jose, CA 95113

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

Shirley Feliciano, Exec. Assist.

**Area Code/Phone Number**

408-535-4909

**E-mail (Optional)**

districts9@sanjoseca.gov

**Date of Original Filing:** (month, day, year)

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Harker School</td>
<td>P.O. Box 9067 San Jose, CA 95157</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of San Jose</td>
<td>200 East Santa Clara St. San Jose, CA 95113</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Payment:</th>
<th>Amount of Payment:</th>
<th>Payment Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/12/2019</td>
<td>(In-Kind FMV) $5,000.00</td>
<td>Monetary Donation</td>
</tr>
</tbody>
</table>

**Brief Description of In-Kind Payment:**

**Purpose:** (Check one and provide description below.)

- [ ] Legislative
- [ ] Governmental
- [ ] Charitable

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

Annual Community Festival hosted by District 9 and Camden Community Center

**5. Amendment Description and/or Comments**

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**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 9-30-19

By Pam Foley

SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

FPPC Form 803 (January/2018)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)