# Behested Payment Report

**A Public Document**

RECEIVED San Jose City Clerk

Behested Payment Report

**California Form 803**

For Official Use Only

Date Stamp

2020 JAN 23 PM 12:54

JR

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

Mayor Sam Liccardo

**Agency Name**

City of San Jose

**Agency Street Address**

200 E. Santa Clara, San Jose, CA, 95113

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

Henry Smith

**Area Code/Phone Number**

4085354831

**E-mail** *(Optional)*

henry.smith@sanjoseca.gov

☐ **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.)*

Rock Williams & John Sobrato

Name

| Address | City | State | Zip Code |
|---|---|---|---|
| 10600 N De Anza Blvd #200 | Cupertino | CA | 95014 |

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

Silicon Valley Community Foundation

Name

| Address | City | State | Zip Code |
|---|---|---|---|
| 101 W. San Fernando Street #310 | San Jose | CA | 95113 |

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

**Date of Payment:** 03/22/17 *(month, day, year)*

**Amount of Payment:** *(In-Kind FMV)* $ 50,000 *(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:** San Jose Flood Victims Relief Fund

**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 1/22/20 (DATE) By _____ HS (SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER)