Behested Payment Report

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Behested Payment Report

California Form 803

For Official Use Only

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

Date Stamp

☐ **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.)*

Shelley Doran
Name

207 King St. Suite 300 | San Francisco | CA | 94107
Address | City | State | Zip Code

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

The Silicon Valley Organization
Name

101 W Santa Clara St | San Jose | CA | 95113
Address | City | State | Zip Code

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

Date of Payment: 02/14/17 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 5,000 *(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: The Silicon Valley Organization

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)