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, Executive Assistant

Area Code/Phone Number
408-535-4909

E-mail (Optional)

Date of Original Filing:

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

Name
10 Jackson St. Ste 105 Los Gatos, CA 95030

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
City of San Jose

Name
200 East Santa Clara St. San Jose, CA 95113

4. Payment Information (Complete all information.)

Date of Payment: July 30, 2019

Amount of Payment: (In-Kind FMV) $5,000.00

Payment Type: ☑ Monetary Donation or ☐ In-Kind Goods or Services

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 Council District 9 and Camden Community Center

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 8-27-19

By

Signature of Elected Officer or CPUC Member

FPPC Form 803 (January/2018)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)