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
408-535-4831

E-mail (Optional)
henry.smith@sanjoseca.gov

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
Bob Pester
Name
2885 Zanker Rd.
San Jose
CA
95134
Address City State Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
Silicon Valley Chamber of Commerce
Name
101 W Santa Clara St
San Jose
CA
95113
Address City State Zip Code

4. Payment Information (Complete all information.)
Date of Payment: 03/05/15
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: 3/5/15 Chamber of Commerce Event

Purpose: (Check one and provide description below.) ☐ Legislative ☐ Governmental ☑ Charitable
Describe the legislative, governmental, charitable purpose, or event:

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 1/23/20

DATE

By

SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

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