Behested Payment Report

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

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
   Mark Regoli
   Name
   1690 Dell Ave.
   Address
   Campbell
   City
   CA
   State
   95008
   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
   Address
   San Jose
   City
   CA
   State
   95113
   Zip Code

4. Payment Information (Complete all information.)
   Date of Payment: 03/05/15
   Amount of Payment: (In-Kind FMV) $ 5,000
   Payment Type: ☒ Monetary Donation  ☐ In-Kind Goods or Services
   Brief Description of In-Kind Payment:

   Purpose: (Check one and provide description below.)
   ☐ Legislative ☐ Governmental ☒ Charitable
   Authorize the legislative, governmental, charitable purpose, or event:
   3/5/15 Chamber of Commerce 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 12/31/20
   DATE
   By
   SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

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