### 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**
408-535-4831

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

**Date Stamp**
2020 JAN 23 PM 12:59

**For Official Use Only**

- **Date of Original Filing:** 
- **Amendment (See Part 5):**

#### 2. Payor Information

**Bill Baron**

**Name**
1122 Willow St. #200

**Address**
San Jose, CA 95125

**City**
San Jose

**State**
CA

**Zip Code**
95125

#### 3. Payee Information

**Silicon Valley Chamber of Commerce**

**Name**
101 W Santa Clara St

**Address**
San Jose, CA 95113

**City**
San Jose

**State**
CA

**Zip Code**
95113

#### 4. Payment Information

**Date of Payment:** 03/05/15

**Amount of Payment:** (In-Kind FMV) $5,000

**Payment Type:** [x] Monetary Donation

**Brief Description of In-Kind Payment:**

- Legislative
- Governmental
- [x] Charitable

**Describe the legislative, governmental, charitable purpose, or event:** 3/5/15 Chamber of Commerce Event

#### 5. Amendment Description and/or Comments

There are no 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

**By**

**Signature of Elected Officer or CPUC Member**

FPPC Form 803 (January/2018)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)