**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

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

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

   **Name**  
   Daniel Harris

   **Address**  
   1720 S. Biscayne Blvd

   **City**  
   Miami

   **State**  
   FL

   **Zip Code**  
   33131

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

   **Name**  
   Silicon Valley Community Foundation

   **Address**  
   101 W. San Fernando Street #310

   **City**  
   San Jose

   **State**  
   CA

   **Zip Code**  
   95113

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

   **Date of Payment:** 03/28/17  
   (month, day, year)

   **Amount of Payment:** (In-Kind FMV) $ 75,000  
   (Round to whole dollars.)

   **Payment Type:**  
   [x] Monetary Donation  
   [ ] In-Kind Goods or Services (Provide description below.)

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

   **Purpose:** (Check one and provide description below.)  
   [ ] Legislative  
   [ ] Governmental  
   [x] Charitable

   **Describe the legislative, governmental, charitable purpose, or event:**  
   San Jose Flood Victims Relief Fund

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**  
   [SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER]

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