## 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

2. **Payor Information** *(For additional payors, include an attachment with the names and addresses.)*
   - Marty Kropelnicki
     - **Name**: 1720 N 1st St.
     - **City**: San Jose
     - **State**: CA
     - **Zip Code**: 95112

3. **Payee Information** *(For additional payees, include an attachment with the names and addresses.)*
   - Silicon Valley Community Foundation
     - **Name**: 101 W. San Fernando Street #310
     - **City**: San Jose
     - **State**: CA
     - **Zip Code**: 95113

4. **Payment Information** *(Complete all information.)*
   - **Date of Payment**: 03/22/17 *(month, day, year)*
   - **Amount of Payment**: $10,000 *(In-Kind FMV)* *(Round to whole dollars.)*
   - **Payment Type**: ☑ Money Donation
   - **Brief Description of In-Kind Payment**:
   - **Purpose**: (Check one and provide description below.)
     - ☑ Charitable
     - ☐ Legislative
     - ☐ Governmental
     - 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 1/22/20 *(DATE)*
   - By [Signature]
       - SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

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