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.)
   Jeff Rademann

Name
420 Montgomery St
San Francisco
CA
94104

Address
City
State
Zip Code

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
San Jose
CA
95113

Address
City
State
Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 03/22/17

Amount of Payment: (In-Kind FMV) $25,000

Payment Type: ☑ Monetary Donation ☐ In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: San Jose Flood Victims Relief Fund

Purpose: (Check one and provide description below.) ☐ Legislative ☐ Governmental ☑ 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

By

SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

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