Behested Payment Report

1. Elected Officer or CPUC Member
   Mayor Sam Liccardo

Agency Name
City of San Jose

Agency Street Address
200 E. Santa Clara, San Jose, CA, 95113

Designated Contact Person
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.)

   Bob Pester
   Name
   2885 Zanker Rd
   San Jose
   CA
   95134
   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: 03/07/17
   (month, day, year)
   Amount of Payment: (In-Kind FMV) $10,000
   (Round to whole dollars.)

   Payment Type:
   ☒ 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
   ☒ 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 01/22/20
By

SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

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