# 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

**Date of Original Filing:** (month, day, year)

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

**John Tortora**  
842 S 1st St  
San Jose  
CA  
95110

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

**Silicon Valley Community Foundation**  
101 W. San Fernando Street #310  
San Jose  
CA  
95113

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

**Date of Payment:** 03/02/17  
(month, day, year)  
**Amount of Payment:** 83,000  
(Kind FMV)  
(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

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## 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** 12/27/20  
**By**

**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)