### 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**
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.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joe Sprague</td>
<td>19530 International Boulevard, 108</td>
<td>SeaTac</td>
<td>WA</td>
<td>98188</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Silicon Valley Community Foundation</td>
<td>101 W. San Fernando Street #310</td>
<td>San Jose</td>
<td>CA</td>
<td>95113</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Payment: 03/02/17 (month, day, year)</th>
<th>Amount of Payment: (In-Kind FMV) $10,000 (Round to whole dollars.)</th>
<th>Payment Type:</th>
<th>Brief Description of In-Kind Payment:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Monetary Donation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>In-Kind Goods or Services (Provide description below.)</td>
<td></td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Amendment Description and/or Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

#### 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 11/22/20

By [Signature]

**SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER**

---

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