# 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

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### 2. Payor Information

**Dave Kaval**

**Name**
1123 Coleman Ave

**Address**
San Jose CA 95110

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### 3. Payee Information

**Silicon Valley Community Foundation**

**Name**
101 W. San Fernando Street #310

**Address**
San Jose CA 95113

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### 4. Payment Information

**Date of Payment:** 03/02/17

**Amount of Payment:** (In-Kind FMV) $ 40,000

**Payment Type:**
- [x] Monetary Donation
- [ ] In-Kind Goods or Services (Provide description below.)

**Brief Description of In-Kind Payment:**

**Purpose:**
- [ ] Legislative
- [ ] Governmental
- [x] Charitable

**Describe the legislative, governmental, charitable purpose, or event:** San Jose Flood Victims Relief Fund

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### 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:** 1/22/20

**By:**

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FPPC Form 803 (January/2018)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)