# 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

**Date of Original Filing:**

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**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>Coca Cola</td>
<td>121 Baker St NW</td>
<td>Atlanta</td>
<td>GA</td>
<td>30313</td>
</tr>
</tbody>
</table>

**Date of Payment:** 03.02.17

**Amount of Payment:** (In-Kind FMV) $10,000

**Payment Type:** ☑ Monetary Donation

**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

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**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></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Date of Payment:** 03.02.17

**Amount of Payment:** (In-Kind FMV) $10,000

**Payment Type:** ☑ Monetary Donation

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

**Purpose:** (Check one and provide description below.)

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Describe the legislative, governmental, charitable purpose, or event:
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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:** 1/22/10

By: [Signature]

**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)