# 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**
henry.smith@sanjoseca.gov

## 2. Payor Information

**Kaiser Permanente**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Kaiser Plaza</td>
<td>Oakland, CA 94612</td>
</tr>
</tbody>
</table>

## 3. Payee Information

**Silicon Valley Community Foundation**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>101 W. San Fernando Street #310</td>
<td>San Jose, CA 95113</td>
</tr>
</tbody>
</table>

## 4. Payment Information

**Date of Payment:** 03/01/17

**Amount of Payment:** $50,000

**Payment Type:**
- [x] Monetary Donation
- [ ] In-Kind Goods or Services

**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

## 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 [Signature]

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