# 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**
   - 408534831

2. **Payor Information** *(For additional payors, include an attachment with the names and addresses.)*
   - Jay Paul
     - 4 Embarcadero Center, Suite 3620
     - San Francisco, CA 94111

3. **Payee Information** *(For additional payees, include an attachment with the names and addresses.)*
   - San Jose Public Library
     - 150 E San Fernando St
     - San Jose, CA 95112

4. **Payment Information** *(Complete all information.)*
   - Date of Payment: 11.26.19
   - Amount of Payment: *(In-Kind FMV)* $ 2,500,000

   **Payment Type**
   - ☑ Monetary Donation
   - ☐ In-Kind Goods or Services *(Provide description below.)*

   **Brief Description of In-Kind Payment**
   - [Provide description here.]

   **Purpose** *(Check one and provide description below.)*
   - ☑ Charitable
   - ☐ Legislative
   - ☐ Governmental
   - [Describe the legislative, governmental, charitable purpose, or event: San Jose Aspires]

5. **Amendment Description and/or Comments**
   - [Provide comments here.]

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 12/22/20
   - By [Signature]

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*FPPC Form 803 (January/2018)*

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