

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Foley, Pam		RECEIVED SAN JOSE CITY CLERK 2019 SEP 30 AM 11:50	California Form 803 For Official Use Only
Agency Name City of San Jose			
Agency Street Address 200 East Santa Clara St. San Jose, CA 95113			
Designated Contact Person (Name and title, if different) Shirley Feliciano, Exec. Assist.		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number 408-535-4909	E-mail (Optional) districts9@sanjoseca.gov		

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

The Harker School
 Name
 P.O. Box 9067 San Jose, CA 95157
 Address City State Zip Code

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

City of San Jose
 Name
 200 East Santa Clara St. San Jose, CA 95113
 Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 9/12/2019 Amount of Payment: (In-Kind FMV) \$ 5,000.00
(month, day, year) (Round to whole dollars.)

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

Brief Description of In-Kind Payment: _____

Purpose: (Check one and provide description below.) Legislative Governmental Charitable

Describe the legislative, governmental, charitable purpose, or event: _____
 Annual Community Festival hosted by District 9 and Camden Community Center

5. Amendment Description and/or Comments

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 9-30-19 By Pam Foley
DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

