

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Foley, Pam		Date Stamp San Jose City Clerk 2019 AUG 27 PM 2:10	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, Executive Assistant		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number 408-535-4909	E-mail (Optional)	Date of Original Filing: _____ (month, day, year)	

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

WCC Consulting, LLC
Name
10 Jackson St. Ste 105 Los Gatos, CA 95030
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: July 30, 2019 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 5,000.00 (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 Council 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 8-27-19 DATE By [Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER