


Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Mayor Sam Liccardo		RECEIVED San Jose City Cl Date Stamp 2020 JAN 23 PM 12:55 	California Form 803 For Official Use Only
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		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 4085354831	E-mail (Optional) henry.smith@sanjoseca.gov		

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

Kaiser Permanente

Name

1 Kaiser Plaza	Oakland	CA	94612
Address	City	State	Zip Code

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

Silicon Valley Community Foundation

Name

101 W. San Fernando Street #310	San Jose	CA	95113
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 03/01/17 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 50,000 (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: San Jose Flood Victims Relief Fund

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 1/22/20 DATE

By  SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER