Behested Payment Report   **A Public Document**   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	**E-mail** *(Optional)*
4085354831	henry.smith@sanjoseca.gov

RECEIVED Date Stamp

SEP 19 2020

City of San Jose
Office of the City Clerk

California Form 803

For Official Use Only

☐ **Amendment** *(See Part 5)*

Date of Original Filing: _____
(month, day, year)

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

Devin Whitney
Name

2211 N 1st St.	San Jose	CA	95131
Address	City	State	Zip Code

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

Silicon Valley Community Foundation
Name

100 W San Fernando St # 310	San Jose	CA	95113
Address	City	State	Zip Code

4. Payment Information *(Complete all information.)*

Date of Payment: 3/20/20
(month, day, year)

Amount of Payment: *(In-Kind FMV)* $ 500,000
(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: Silicon Valley Strong

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 9/9/20   By _____ H.S.
DATE   SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

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