


Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Mayor Sam Liccardo			<b>California Form 803</b> 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: _____ <small>(month, day, year)</small>	
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.)

Laurie Richardson  
 Name  
 1600 Ampitheatre Pkwy Mountain View CA 94043  
 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: 5/21/20 Amount of Payment: (In-Kind FMV) \$ 25,000  
(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: SV Recovery Roundtable

5. Amendment Description and/or Comments

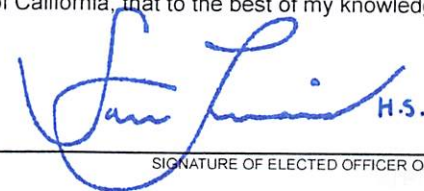
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\_\_\_\_\_

\_\_\_\_\_

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 9/19/20 DATE By  H.S. SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER