

Behested Payment Report

A Public Document

Behested Payment Report

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San Jose City Clerk

California Form 803  
For Official Use Only

<b>1. Elected Officer or CPUC Member</b> (Last name, First name) Mayor Sam Liccardo		Date Stamp 2021 MAY 11 PM 2:41
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.)

Tarkan Maner  
 Name  
 1740 Technology Dr San Jose CA 95110  
 Address City State Zip Code

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

Innovation For Everyone  
 Name  
 5429 Madison Ave Sacramento CA 95841  
 Address City State Zip Code

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

Date of Payment: 9/8/20 Amount of Payment: (In-Kind FMV) \$ 5,000  
(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: Innovation for Everyone  
 Community

**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 5/4/21 DATE By [Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER