

Behested Payment Report

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Behested Payment Report

California Form 803

For Official Use Only

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

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.)

Coca-Cola
 Name

2603 Camino Ramon, Suite 550 San Ramon CA 94583
 Address City State Zip Code

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

The Silicon Valley Organization
 Name

101 W Santa Clara St San Jose CA 95113
 Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 9/18/20 **Amount of Payment:** (In-Kind FMV) \$ 10,000
 (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

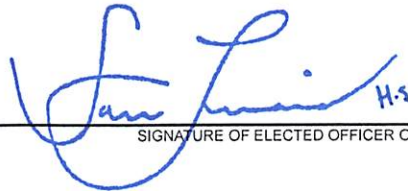
Describe the legislative, governmental, charitable purpose, or event: SJ Works

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  H.s.
 SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER