

# Behested Payment Report

A Public Document

Behested Payment Report

<b>1. Elected Officer or CPUC Member</b> <i>(Last name, First name)</i> Mayor Sam Liccardo		<b>RECEIVED</b> <i>San Jose City Clerk</i> Date Stamp 2021 MAY 11 PM 2:42	<b>California Form 803</b> For Official Use Only
<b>Agency Name</b> City of San Jose			
<b>Agency Street Address</b> 200 E. Santa Clara, San Jose, CA, 95113			
<b>Designated Contact Person</b> <i>(Name and title, if different)</i> Henry Smith		<input type="checkbox"/> <b>Amendment</b> <i>(See Part 5)</i>	
<b>Area Code/Phone Number</b> 4085354831	<b>E-mail</b> <i>(Optional)</i> henry.smith@sanjoseca.gov	<b>Date of Original Filing:</b> _____ <i>(month, day, year)</i>	

## 2. Payor Information

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

Wells Fargo			
Name			
121 Park Center Plz Floor 1	San Jose	CA	95113
Address	City	State	Zip Code

## 3. Payee Information

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

Silicon Valley Organization Foundation			
Name			
101 West Santa Clara St	San Jose	CA	95113
Address	City	State	Zip Code

## 4. Payment Information

*(Complete all information.)*

Date of Payment: 9/24/20 *(month, day, year)*      Amount of Payment: *(In-Kind FMV)* \$ 5,000 *(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: 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 [Signature] H.S.  
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER