

Behested Payment Report

A Public Document

Behested Payment Report

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San Jose City Clerk

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
 4085354831
 E-mail (Optional)
 henry.smith@sanjoseca.gov

Date Stamp
 2021 MAY 11 PM 2:42


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.)
 Steve Fisher
 Name
 734 The Alameda San Jose CA 95126
 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: 9/30/20 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  H.S. SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER