В	ehested Payment Re	port	A Public [Dogume	nse City Clerk	Behested Payment Repor	
1.	Elected Officer or CPUC	NAME AND POST OF THE OWNER, WHEN PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, WHEN THE		Date Stamp	California 803		
	Mayor Sam Liccardo			2021 MA	Y 11 PM 2: 41	Form 000	
	Agency Name					For Official Use Only	
	City of San Jose						
	Agency Street Address						
	200 E. Santa Clara, San Jose, CA, 95113						
	Designated Contact Person (Name and title, if different)				Amendment (See Part 5)		
	Henry Smith				Data of Original Fili		
	Area Code/Phone Number	E-mail (Optional)			Date of Original Filing: (month, day, year)		
	4085354831 henry.smith@s		sanjoseca.gov				
2.	Payor Information (For ac	lditional payors, include	an attachment with the	names and	addresses.)		
	Stephen Wahl						
	Name						
	19000 Homestead Road		Cupertino		CA	95014	
_	Address		City		State	Zip Code	
3.	Payee Information (For additional payees, include an attachment with the names and addresses.)						
	California Emerging Technology Fund						
	Name						
	714 W Olympic Blvd #924		Los Angele	es	CA	90015	
	Address		City		State	Zip Code	
4.	Payment Information (Co	mplete all information.)					
	Date of Payment: 11/1/20 Amount of Payment: (In-K			t: (In-Kind FN	(Round to whole dollars.)		
	Payment Type: ☑ Monetary Donation or ☐ In-Kind Go				oods or Services (Provide description below.)		
	Brief Description of In-Kind Payment:						
3							
			• 100 mg - 100 mg				
Com Jose Biolital					Charitable		
	Describe the legislative, governmental, charitable purpose, or event: San Jose Digital Inclusion						
	Community						
_							
5.	Amendment Descriptio	n and/or Comm	ents				
1							
6	Verification						
0.	vermeation						
	I certify, under penalty of perjur	y under the laws of th	e State of California,	that to the	best of my knowledg	ge, the information contained	
	herein is true and complete.				0		
			1	L .	T.,		
	5/0/2	1		and A	Hs		
	Executed on	DATE	Ву	SIGNATUR	RE OF ELECTED OFFICER OF	R CPUC MEMBER	