

Behested Payment Report

A Public Document

Behested Payment Report

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San Jose City Clerk
2021 MAY 11 PM 2:40

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
2:40

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.)

Roxanne Marenberg

Name

5488 Marvell Lane Santa Clara CA 95054

Address City State Zip Code

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

San Jose Public Library

Name

150 E San Fernando St San Jose CA 95112

Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 3/8/21 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: San Jose Aspires

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 By [Signature] H.S.
DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER