RECEIVED San Jose City Clerk A Public Document

Behested Payme	nt Report
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Behested Payment Report

1.	Elected Officer or CPUC Mayor Sam Liccardo	: Member (Last name, Firs.	t name) 2021 1	ET - Patestarg: 43	California 803			
	Agency Name			1	For Official Use Only			
	City of San Jose							
	Agency Street Address	200 CA 05440						
	200 E. Santa Clara, San Jo				<u></u>			
	Henry Smith	Designated Contact Person (Name and title, if different) Henry Smith			t 5)			
	Area Code/Phone Number 4085354831	E-mail (Optional) henry.smith@sanjosec	a.gov	Date of Original Filing: _	(month, day, year)			
2.	Payor Information (For ad	Payor Information (For additional payors, include an attachment with the names and addresses.)						
	Stuart Foundation							
	Name		_					
	500 Washington St		San Francisco	CA	94111			
	Address		City	State	Zip Code			
3.	Payee Information (For ad	ditional payees, include an atta	achment with the names and	addresses.)				
	San Jose Public Library For	undation		and the second	2.000,000			
	Name		0		05101			
	PO Box 611540	-	San Jose	CA	95161			
	Address		City	State	Zip Code			
4.	Payment Information (Co.	emplete all information.)						
	Date of Payment: 3/1	1/21 Amoun	nt of Payment: (In-Kind FI	uv) \$ 25,000				
		T-X-X-2-3						
	Payment Type: Monetary Donation or In-Kind Goods or Services (Provide description below.)							
	Brief Description of In-Kin	d Payment		Shares and				
	Prier pescription of in-Kin	ia i uyinciit.						
	Purpose: (Check one and provide of	urpose: (Check one and provide description below.)						
		Describe the legislative, governmental, charitable purpose, or event:						
	_ ====================================	, Julian Siantau	,,,					
		William Control Special Service Control Contro	Management of the Park West West Control of the Park West Control of th					
5.	Amendment Descriptio	mendment Description and/or Comments						
	2							
					No. Alexandria de Carallella d			
-								
6.	Verification							
	I certify, under penalty of perjury	v under the laws of the Out	te of California that to the	best of my knowledge th	e information contained			
	I certify, under penalty of perjury herein is true and complete.	y under the laws of the Sta	or odinornia, that to the	A Social my knowledge, tr				
	A CONTRACTOR OF THE CONTRACTOR		1 1	T.,				
	le 1 -	5.1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	HS HS				
	Executed on 12/6/2	21 By .		RE OF ELECTED OFFICER OR CPUC	2 MEMBER			
	L	UALE	SIGNATU	THE OF ELLOTED OFFICER OR CPU	- memorals			

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