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San Jose City Clerk

Behested Payment Report

A Public Document

Behested Payment Report

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

2021 DEC - 7 PM 2:43

California Form 803

For Official Use Only

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.)

Stuart Foundation

Name

500 Washington St

San Francisco

CA

94111

Address

City

State

Zip Code

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

San Jose Public Library Foundation

Name

PO Box 611540

San Jose

CA

95161

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 3/11/21
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 25,000
(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 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 12/6/21
DATE

By [Signature]
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

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