

Behested Payment Report

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San Jose City Clerk

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		Date Stamp	California Form 803 For Official Use Only
Mayor Sam Liccardo		2021 DEC -7 PM 2:00	
Agency Name		<input type="checkbox"/> Amendment (See Part 5)	
City of San Jose			
Agency Street Address		Date of Original Filing: _____ (month, day, year)	
200 E. Santa Clara, San Jose, CA, 95113			
Designated Contact Person (Name and title, if different)			
Henry Smith			
Area Code/Phone Number	E-mail (Optional)		
4085354831	henry.smith@sanjoseca.gov		

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

Dinesh Nirmal

Name

555 Bailey Ave San Jose CA 95141

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: 4/15/21 Amount of Payment: (In-Kind FMV) \$ 100,000

(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: 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 By [Signature]

DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

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