

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Chavez, Cindy		Date Stamp	California Form 803 For Official Use Only
Agency Name Santa Clara County			
Agency Street Address 70 W. Hedding Street, 10th Floor, San Jose, CA 95110			
Designated Contact Person (Name and title, if different) Kathy Sutherland, Executive Assistant		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 408-299-5024	E-mail (Optional) kathy.sutherland@bos.sccgov.org		

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

Comcast Corporation
Name

One Comcast Center	Philadelphia	PA	19103
Address	City	State	Zip Code

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

Silicon Valley Community Foundation, COVID-19 Relief Fund
Name

2440 W. El Camino Real	Mountain View	CA	94040
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 4/7/2020 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 50,000 (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: Provide monetary support to those affected by the COVID-19 crisis,

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 11/5/2020 DATE

By  SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

AN SIP 11/13/2020 10:50:50