	C Member (Last name,	Date Ctarra	California 80 Form For Official Use Only	
Otto Lee	J Wielliber (Last hame,	Date Stamp		
Agency Name		-		
Santa Clara County Board	of Supervisors			
Agency Street Address 70 W. Hedding Street, Sar	n Jose, CA 95110			
Designated Contact Person ( Wendy Ho	(Name and title, if different	Amendment (See Part 5)		
Area Code/Phone Number 669-288-9027	E-mail (Optional)		Date of Original Filing: _	(month, day, year)
. Payor Information (For ac	dditional payors, include ar	n attachment with the names ar	nd addresses.)	
Broadcom Name				
1320 Ridder Park Drive		San Jose	CA	95131
Address		City	State	Zip Code
Name 2400 Clove Drive Address		San Jose	CA State	95128 Zip Code
		City	State	Zip Code
. Payment Information (Co				
Date of Payment:	5/21 Am	ount of Payment: (In-Kind	d FMV) \$\frac{100,000}{(Round to whole d	follars.)
Payment Type:	Monetary Donation	or ☐ In-Kind	Goods or Services (Provide	description below.)
	nd Payment:			
Brief Description of In-Kir	-			
Purpose: (Check one and provide	description below.)		ernmental ⊠ Char	
Purpose: (Check one and provide Describe the legislative, g	description below.)  □ L	table purpose, or event	: -	
Purpose: (Check one and provide	description below.)  □ L	table purpose, or event	: -	
Purpose: (Check one and provide Describe the legislative, g	description below.)	table purpose, or event	: -	
Purpose: (Check one and provide  Describe the legislative, g  Support for Valley Medical	description below.)	table purpose, or event	: -	

## 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	3/12/2021	Bv	Colored .	
	DATE		SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER	