

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member <i>(Last name, First name)</i> Otto Lee		Date Stamp	California 803 Form For Official Use Only
Agency Name Santa Clara County Board of Supervisors			
Agency Street Address 70 W. Hedding Street, San Jose, CA 95110			
Designated Contact Person <i>(Name and title, if different)</i> Wendy Ho		<input type="checkbox"/> Amendment <i>(See Part 5)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	
Area Code/Phone Number 669-288-9027	E-mail <i>(Optional)</i>		

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

Broadcom

Name

1320 Ridder Park Drive	San Jose	CA	95131
Address	City	State	Zip Code

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

County of Santa Clara

Name

70 W. Hedding Street, San Jose, CA 95110	San Jose	CA	95110
Address	City	State	Zip Code

4. Payment Information *(Complete all information.)*

Date of Payment: 10/29/21 *(month, day, year)* Amount of Payment: *(In-Kind FMV)* \$ 40,000 *(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: Funds were used to support a Day on the Bay, a free community event. Day on the Bay provided COVID vaccines, flu shots, and resources to the community.

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 11/17/21 DATE By  SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER