Behested Payment Report

A Public Document

8D. SUP 18 Halfes of the Amagnt Report

1. Elected Officer or CPUC Member (Last name, First name)			Date Stamp	California 803
Saren Joseph Simitian				Form For Official Use Only
Agency Name				To distribute des only
Santa Clara County Board Agency Street Address	of Supervisors		-	
70 W Hedding Street, San Jose, CA 95110 Designated Contact Person (Name and title, if different)			<u> </u>	
			Amendment (See Part 5)	
Christine Prior, assistant Area Code/Phone Number	E-mail (Optional)		Date of Original Filing:	
408-299-5050	christine.prior@bos.sccgov.org			(month, day, year)
			d addresses)	
2. Payor Information (For ac	aditional payors, inclu	de an attachment with the names an	a addresses.)	
Google				
Name 1600 Amphitheatre Parkwa	av	Mountain View	CA	94043
Address	-J	City	State	Zip Code
3. Payee Information (For ac	dditional navees inclu		nd addresses.)	
o. i ayee illioilliation (For at	Jamonai payees, illoit	as an attachment with the hames ar		
Hope's Corner, Inc.				
Name				WZ.WE0211
748 Mercy Street		Mountain View	CA State	94041 Zip Code
		Oity	Otato	LIP/OUG
4. Payment Information (Co	omplete all information.)			
	/2018 day, year)	Amount of Payment: (In-Kind	FMV) \$ 1,000,000.00 (Round to whole	dollars)
.0	day, year) ☑ Monetary Dona	tion or □ In-Kind	Goods or Services (Provide	,
Payment Type:	g wonetary Dona		Octobra of Octobra (Fibria)	e description below.)
Brief Description of In-Kir	nd Payment:			
:				
Purpose: (Check one and provide		3	ernmental 🖾 Cha	
Describe the legislative, g	jovernmental, cl	naritable purpose, or event:	improve facilities in c	order to provide an array
of services for homeless inc	lividuals.			
F. Amondos est Description	n andlan Carr	monto		
5. Amendment Description	on and/or Com	ments		Ti .
Google made this payment	via the Tides Fo	undation, 1014 Torney Aven	ue, San Francisco, CA	94129
· · · · · · · · · · · · · · · · · · ·				
O Varidia atian				
6. Verification				
	ry under the laws o	f the State of California, that to t	he best of my knowledge, t	he information contained
herein is true and complete.				
			~ · · ·	
2/9	1,5	$\sim \sim 1$	2	•
Executed on	DATE	Bysigna	TURE OF ELECTED OFFICER OR CPU	JC MEMBER