

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member <i>(Last name, First name)</i> Saren Joseph Simitian		Date Stamp	California 803 Form For Official Use Only
Agency Name Santa Clara County Board of Supervisors			
Agency Street Address 70 W. Hedding St., San Jose, CA 95110			
Designated Contact Person <i>(Name and title, if different)</i> Christine Prior, assistant		<input type="checkbox"/> Amendment <i>(See Part 5)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	
Area Code/Phone Number 408-299-5050	E-mail <i>(Optional)</i> christine.prior@bos.sccgov.org		

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

LinkedIn Corporation

Name

1000 W. Maude Ave Sunnyvale CA 94085

Address City State Zip Code

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

HomeFirst

Name

507 Valley Way Milpitas CA 95035

Address City State Zip Code

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

Date of Payment: 2/19/20 *(month, day, year)* **Amount of Payment:** *(In-Kind FMV)* \$ 5,625.00 *(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: Grant for holiday gift cards for 225 homeless shelter residents.

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 2/21/20 DATE

By  SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER