Behested Payment Report

A Public Document

RECEIVED San Jose City Clerk

Behested Payment Report

California Form 803

For Official Use Only

Date Stamp

2020 JAN 23 PM 12:56

JR

1. Elected Officer or CPUC Member *(Last name, First name)*

Mayor Sam Liccardo

Agency Name

City of San Jose

Agency Street Address

200 E. Santa Clara, San Jose, CA, 95113

Designated Contact Person *(Name and title, if different)*

Henry Smith

Area Code/Phone Number

4085354831

E-mail *(Optional)*

henry.smith@sanjoseca.gov

☐ **Amendment** *(See Part 5)*

Date of Original Filing: _____ *(month, day, year)*

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

Gina Dalma

Name

Address	City	State	Zip Code
2440 West El Camino Real, Ste. 300	Mountain View	CA	94040

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

Work2future Foundation

Name

Address	City	State	Zip Code
365 S Market St	San Jose	CA	95113

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

Date of Payment: 05/02/19 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 10,000 *(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: San Jose Works

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 1/22/20 (DATE)

By [signature] HS (SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER)