# Behested Payment Report

### 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
408534831

### E-mail (Optional)
henry.smith@sanjoseca.gov

### Date of Original Filing:
(month, day, year)

### 2. Payor Information (For additional payors, include an attachment with the names and addresses.)
Bank of America

#### Name
125 S. Market St.

#### Address
San Jose CA 95113

### 3. Payee Information (For additional payees, include an attachment with the names and addresses.)
Work2Future

#### Name
1601 Foxworthy Ave

#### Address
San Jose CA 95118

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

**Date of Payment:** 02/25/15

**Amount of Payment:** (In-Kind FMV) $50,000

**Payment Type:**
- [ ] Monetary Donation
- [x] In-Kind Goods or Services (Provide description below.)

**Brief Description of In-Kind Payment:**

**Purpose:** (Check one and provide description below.)
- [ ] Legislative
- [ ] Governmental
- [x] Charitable

**Describe the legislative, governmental, charitable purpose, or event:** San Jose Works Youth Summer Jobs

### 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 1/29/20

By

SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

FPPC Form 803 (January/2018)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)