### Behested Payment Report

1. **Elected Officer or CPUC Member** *(Last name, First name)*
   - Mayor Sam Liccardo

2. **Agency Name**
   - City of San Jose

3. **Agency Street Address**
   - 200 E. Santa Clara, San Jose, CA, 95113

4. **Designated Contact Person** *(Name and title, if different)*
   - Henry Smith

5. **Area Code/Phone Number**
   - 408-535-4831

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work2Future</td>
<td>1601 Foxworthy Ave</td>
<td>San Jose</td>
<td>CA</td>
<td>95118</td>
</tr>
</tbody>
</table>

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

- **Date of Payment**: 02/25/15  
- **Amount of Payment**: *(In-Kind FMV)* $25,000  
- **Payment Type**: ☒ Monetary Donation  
- **Brief Description of In-Kind Payment**: San Jose Works Youth Summer Jobs

### Amendment Description and/or Comments

### 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** [ ]  
**By** [ ]