A Public Document

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

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
   Santa Clara County Board of Supervisors
   Name
   70 w. Hedding St.
   City
   San Jose
   State
   CA
   Zip Code
   95110

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
   Work2Future
   Name
   1601 Foxworthy Ave
   City
   San Jose
   State
   CA
   Zip Code
   95118

4. Payment Information (Complete all information.)
   Date of Payment: 03/31/15
   (month, day, year)
   Amount of Payment: (In-Kind FMV) $37,000
   (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 Youth Summer Jobs Program

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)