**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

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


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

- **Name:** Tom Warner
- **Address:** 77 Rio Robles, San Jose, CA 95134

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

- **Name:** San Jose Promise
- **Address:** 40 S Market St, San Jose, CA 95113

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

- **Date of Payment:** 08/30/17
- **Amount of Payment:** $(50,000)
- **Payment Type:** Monetary Donation

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

**Purpose:** *(Check one and provide description below.)*

- Charitable
- Legislative
- Governmental

**Describe the legislative, governmental, charitable purpose, or event:** San Jose Promise

**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** 12/12/20

**By**

[Signature]

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