### 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**
- Henry Smith

**Area Code/Phone Number**
- 4085354831

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

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

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**2. Payor Information**

- **Name**: Kimberly Corbett

**Address**
- 575 Market Street

**City**: Richmond

**State**: CA

**Zip Code**: 94806

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

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**3. Payee Information**

- **Name**: Work2future Foundation

**Address**
- 365 S Market St

**City**: San Jose

**State**: CA

**Zip Code**: 95113

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

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**4. Payment Information**

- **Date of Payment**: 05/10/19

- **Amount of Payment**: (In-Kind FMV) $5,000

- **Payment Type**: ☒ Monetary Donation or ☐ In-Kind Goods or Services

- **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

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

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**5. Amendment Description and/or Comments**

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**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

**By**: __________

**Signature of Elected Officer or CPUC Member**

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FPPC Form 803 (January/2018)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)