### 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

E-mail (Optional):

henry.smith@sanjoseca.gov

Area Code/Phone Number:

408534831

Date of Original Filing:

(month, day, year)

**2. Payor Information**

For additional payors, include an attachment with the names and addresses.

Name:

Lennis Gutierrez

Address:

1990 S. 10th St. San Jose CA 95112

City State Zip Code

**3. Payee Information**

For additional payees, include an attachment with the names and addresses.

Name:

Work2future Foundation

Address:

365 S Market St San Jose CA 95113

City State Zip Code

**4. Payment Information**

Complete all information.

Date of Payment: 04/25/19

Amount of Payment: $ 5,000

Payment Type:

- [x] Monetary Donation

- [ ] In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment:

Purpose:

- [ ] Legislative

- [ ] Governmental

- [x] Charitable

Describe the legislative, governmental, charitable purpose, or event:

San Jose Works

**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 1/22/26

By

SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

FPPC Form 803 (January/2018)

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