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 (Name and title, if different)
   Henry Smith

   Area Code/Phone Number
   4085345831

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

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
   Gina Dalma
   Name
   2440 West El Camino Real, Ste. 300
   Mountain View
   CA
   94040
   Address
   City
   State
   Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
   Work2future Foundation
   Name
   365 S Market St
   San Jose
   CA
   95113
   Address
   City
   State
   Zip Code

4. Payment Information (Complete all information.)
   Date of Payment: 05/02/19
   Amount of Payment: (In-Kind FMV) $ 10,000
   (Round to whole dollars.)
   Payment Type:
   [x] 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  [x] Charitable
   Describe the legislative, governmental, charitable purpose, or event:
   San Jose Works

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 1/22/20

By

SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

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