**Behested Payment Report**

1. **Elected Officer or CPUC Member** *(Last name, First name)*
   - Mayor Sam Liccardo

2. **Agency Name**
   - City of San Jose

3. **Agency Street Address**
   - 200 E. Santa Clara, San Jose, CA, 95113

4. **Designated Contact Person** *(Name and title, if different)*
   - Henry Smith

5. **Area Code/Phone Number**
   - 4085354831

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

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2. **Payor Information** *(For additional payors, include an attachment with the names and addresses.)*
   - Leah Toeniskoetter
   - Name
   - 225 W. Santa Clara St, San Jose, CA, 95113

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

4. **Payment Information** *(Complete all information.)*
   - Date of Payment: 02/07/19
   - Amount of Payment: *(In-Kind FMV)* $10,000
   - Payment Type: ☑ Monetary Donation or ☐ In-Kind Goods or Services *(Provide description below.)*
   - Brief Description of In-Kind Payment:

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
   - Signature of Elected Officer or CPUC Member

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FPPC Form 803 (January/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)