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 | E-mail (Optional)
------------------------|----------------------
4085354831              | henry.smith@sanjoseca.gov

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
   Marco Chavarin
   Name
   1 Sansome St., 22nd floor
   San Francisco, CA, 94104

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: 03/26/19
   Amount of Payment: (In-Kind FMV) $5,000
   Payment Type: [x] Monetary Donation
   Brief Description of In-Kind Payment:

   Purpose: (Check one and provide description below.)
   [x] Charitable
   Describe the legislative, governmental, charitable purpose, or event:

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 12/2/20
By

SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

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