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
   4085354831

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

   Date Stamp: 2020 JAN 23 PM 12:57

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
   Oriana Branson

   Name
   PO Box 99126

   Address
   Emeryville
   CA
   94662

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
   Work2future Foundation

   Name
   365 S Market St

   Address
   San Jose
   CA
   95113

4. Payment Information (Complete all information.)
   Date of Payment: 04/02/19
   Amount of Payment: (In-Kind FMV) $20,000

   Payment Type:
   • Monetary Donation
   • In-Kind Goods or Services (Provide description below.)

   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

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)