## 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. **Date of Original Filing** *(month, day, year)*

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

### Payor Information *(For additional payors, include an attachment with the names and addresses.)*

- **Name**
  - Hanh Mo

- **Address**
  - 250 Hospital Parkway, San Jose, CA 95129

### 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

### Payment Information *(Complete all information.)*

- **Date of Payment** *(month, day, year)*
  - 04/22/19

- **Amount of Payment** *(in-Kind FMV)*
  - $5,000

- **Payment Type** *(Check one)*
  - [x] Monetary Donation
  - [ ] In-Kind Goods or Services

- **Brief Description of In-Kind Payment**

- **Purpose** *(Check one and provide description below.)*
  - [ ] Legislative
  - [ ] Governmental
  - [x] Charitable

#### San Jose Works

### Amendment Description and/or Comments

### 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 12/20**

**By**

**Signature of Elected Officer or CPUC Member**

FPPC Form 803 (January/2018)

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