Behested Payment Re	port	A Public Docur	ment RECEIVED	Behested Payment Report
1. Elected Officer or CPUC Member (Last name, First name)			Date Stamp	California 803
Mayor Sam Liccardo			2020 JAN 23 PM 12:	Form For Official Use Only
Agency Name			JR JR	For Official Use Offiy
City of San Jose				
Agency Street Address	04 05440			
200 E. Santa Clara, San Jo				
Designated Contact Person (Name and title, if different)			☐ Amendment (See Part	5)
Henry Smith	T= "		Date of Original Filing: _	
Area Code/Phone Number 4085354831	E-mail (Optional) henry.smith@sanjoseca.gov			(month, day, year)
2. Payor Information (For ac	dditional payors, include a	an attachment with the names a	nd addresses.)	
Wendy Gutshall				
Name				
5918 Stoneridge Mall Road		Pleasanton	CA	94588
Address		City	State	Zip Code
3. Payee Information (For ac	dditional payees, include	an attachment with the names a	and addresses.)	
Work2future Foundation				
Name				
365 S Market St		San Jose	CA	95113
Address		City	State	Zip Code
4. Payment Information (Co	omplete all information.)			
Date of Payment:	25/19 day, year) Ar	mount of Payment: (In-Kind	d FMV) \$ 5,000 (Round to whole of	dollars.)
Payment Type:	Monetary Donation		Goods or Services (Provide	
Brief Description of In-Kin	nd Payment:			
Purpose: (Check one and provide	description holes.	Legislative ☐ Gov	rernmental 🗵 Char	itabla
- A				itable
Describe the legislative, g	overnmental, char	itable purpose, or event	- Carross Tronks	
5. Amendment Descriptio	n and/or Comme	ents		
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6. Verification				
I certify, under penalty of perjur	y under the laws of the	e State of California, that to t	the hest of my knowledge th	e information contained
herein is true and complete.	, ander the laws of the	C State of Samornia, that to t	and book of my knowledge, th	5orridador obritamed
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1 100/26	>		/ · /hc	
Executed on 177/26	DATE	By SIGNA	TURE OF ELECTED OFFICER OR CPUG	MEMBER