

Behested Payment Report

A Public Document

Behested Payment Report

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1. Elected Officer or CPUC Member <i>(Last name, First name)</i> Mayor Sam Liccardo		<p>Date Stamp 2020 JAN 23 PM 12:57 OTC LB</p>	<p>California Form 803 For Official Use Only</p>
Agency Name City of San Jose			
Agency Street Address 200 E. Santa Clara, San Jose, CA, 95113			
Designated Contact Person <i>(Name and title, if different)</i> Henry Smith			
Area Code/Phone Number 4085354831	E-mail <i>(Optional)</i> henry.smith@sanjoseca.gov	<input type="checkbox"/> Amendment <i>(See Part 5)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	

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

Linda Lentz
 Name

500 South Winchester Blvd, Suite 100 San Jose CA 95128
 Address City State Zip Code

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
 Address City State Zip Code

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

Date of Payment: 04/29/19 **Amount of Payment:** *(In-Kind FMV)* \$ 10,000
(month, day, year) *(Round to whole dollars.)*

Payment Type: Monetary Donation or 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
 DATE

By [Signature]
 SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER