

Behested Payment Report

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San Jose City Clerk

Behested Payment Report

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|---|---|---|---|
| 1. Elected Officer or CPUC Member <i>(Last name, First name)</i> Mayor Sam Liccardo | | Date Stamp 2020 JAN 23 PM 12:57 JR | California Form 803 For Official Use Only |
| 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 | | <input type="checkbox"/> Amendment <i>(See Part 5)</i> | |
| Area Code/Phone Number 4085354831 | E-mail <i>(Optional)</i> henry.smith@sanjoseca.gov | Date of Original Filing: _____ <i>(month, day, year)</i> | |

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

Amy Hill
Name

| | | | |
|------------------------|----------|-------|----------|
| 1400 Hilltop Mall Road | Richmond | CA | 94806 |
| 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: 05/13/19 Amount of Payment: *(In-Kind FMV)* \$ 25,000
(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 OF ELECTED OFFICER OR CPUC MEMBER