Behested Payment Re	port	A Public Docume	RECEIVED	Behested Payment Report
1. Elected Officer or CPUC	Member (Last name,	First name)	Date Stamp	California 202
Mayor Sam Liccardo 707		JAN 23 PM 12: 56	Form 003	
Agency Name			M2	For Official Use Only
City of San Jose			0.2	
Agency Street Address				
200 E. Santa Clara, San Jo	ose, CA, 95113			
	× × × × × × × × × × × × × × × × × × ×			
Designated Contact Person (Name and title, if different) Henry Smith			Amendment (See Part 5)	
			Date of Original Filing:	
Area Code/Phone Number	E-mail (Optional) henry.smith@sanjoseca.gov			(month, day, year)
4085354831				
2. Payor Information (For ac	lditional payors, include an	attachment with the names and	addresses.)	
Leah Toeniskoetter				
Name				
225 W. Santa Clara St San Jose		San Jose	CA	95113
Address		City	State	Zip Code
3. Payee Information (For act	lditional payees, include ar	attachment with the names and	addresses.)	
Work2future Foundation				
Name		San Jose	CA	95113
365 S Market St		City	State	Zip Code
		- City	Oldic	219 0000
4. Payment Information (Co Date of Payment: 02/0 (month,		ount of Payment: (In-Kind Fit	(Round to whole d	dollars.)
	Monetary Donation	or 🔲 In-Kind G	oods or Services (Provide	description below.)
Brief Description of In-Kin	d Payment:			
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Purpose: (Check one and provide description below.) ☐ Legislative ☐ Governmental ☒ Charitable				
Describe the legislative, governmental, charitable purpose, or event:  San Jose Works				
	,			
5. Amendment Descriptio	n and/or Commer	nts		
				PORK HARMAN AND AND AND AND AND AND AND AND AND A
6. Verification				
I certify, under penalty of perjur herein is true and complete.	y under the laws of the	State of California, that to the	best of my knowledge, the	e information contained
1/22/70	7	1	1 /h	
Executed on	DATE E	By SIGNATUR	RE OF ELECTED OFFICER OR CPUC	MEMBER