1. Elected Officer or CPUC Member (Last name, First name)  Mayor Sam Liccardo  Agency Name			Date Stamp	California 80 Form
			RECEIVED	
			SEP 1 9 2020	
City of San Jose				
Agency Street Address 200 E. Santa Clara, San Jose, CA, 95113			City of San Jose Office of the City Clerk	
Designated Contact Person Henry Smith	(Name and title, if o	lifferent)	Amendment (See Part	5)
Area Code/Phone Number 4085354831	E-mail (Optional henry.smith@	)) )sanjoseca.gov	Date of Original Filing: _	(month, day, year)
2. Payor Information (For a	additional payors, inc	clude an attachment with the names	and addresses.)	
Diane Brandenburg				
1122 Willow Street, Suite 200		San Jose	CA	95125
Address		City	State	Zip Code
Address  1. Payment Information (0)			State  Sind FMV) \$ 200,000  (Round to whole d	Zip Code
Date of Payment:3/				
	⊠ Monetary Dor	nation <b>or</b> In-Kin	(Round to whole a	
Payment Type:  Brief Description of In-Ki	Monetary Don  ind Payment:  e description below.)	nation <b>or</b> □ In-Kin	overnmental	description below.)
Payment Type:  Brief Description of In-Ki	Monetary Dorind Payment: e description below.) governmental,	nation or ☐ In-Kin☐ Legislative ☐ Go	overnmental	description below.)

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.

TURE OF ELECTED OFFICER OR CPUC MEMBER