**Behested Payment Report**

1. **Elected Officer or CPUC Member** *(Last name, First name)*
   - Mayor Sam Liccardo

2. **Agency Name**
   - City of San Jose

3. **Agency Street Address**
   - 200 E. Santa Clara, San Jose, CA, 95113

4. **Designated Contact Person** *(Name and title, if different)*
   - Henry Smith

5. **Area Code/Phone Number**
   - 4085354831

6. **E-mail (Optional)**
   - henry.smith@sanjoseca.gov

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2. **Payor Information** *(For additional payors, include an attachment with the names and addresses.)*
   - Siri Lacokvic
     - Name: 345 Park Avenue
     - City: San Jose
     - State: CA
     - Zip Code: 95110

3. **Payee Information** *(For additional payees, include an attachment with the names and addresses.)*
   - Downtown Streets Time
     - Name: 1671 The Alameda
     - City: San Jose
     - State: CA
     - Zip Code: 95126

4. **Payment Information** *(Complete all information.)*
   - **Date of Payment:** 03/13/15 *(month, day, year)*
   - **Amount of Payment:** *(In-Kind FMV)* $15,000 *(Round to whole dollars.)*
   - **Payment Type:** ☑ Monetary Donation
   - **Brief Description of In-Kind Payment:**
   - **Purpose:** *(Check one and provide description below.)* ☑ Charitable
     - Describe the legislative, governmental, charitable purpose, or event: "San Jose Gateways" Homeless program through Downtown Streets Team

5. **Amendment Description and/or Comments**

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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 03/23/20
   
   By [Signature]

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FPPC Form 803 (January/2018)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)