## Behested Payment Report

### 1. Elected Officer or CPUC Member

**Mayor Sam Liccardo**  
**Agency Name:** City of San Jose  
**Agency Street Address:** 200 E. Santa Clara, San Jose, CA, 95113  
**Designated Contact Person:** Henry Smith  
**Area Code/Phone Number:** 4085354831  
**E-mail (Optional):** henry.smith@sanjoseca.gov  

### 2. Payor Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samsung</td>
<td>3655 N. 1st.</td>
<td>San Jose</td>
<td>CA</td>
<td>95112</td>
</tr>
</tbody>
</table>

### 3. Payee Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Downtown Streets Team</td>
<td>1671 The Alameda</td>
<td>San Jose</td>
<td>CA</td>
<td>95126</td>
</tr>
</tbody>
</table>

### 4. Payment Information

- **Date of Payment:** 08/19/15  
- **Amount of Payment:** (In-Kind FMV) $15,000  
- **Payment Type:**  
  - [x] Monetary Donation  
  - [ ] In-Kind Goods or Services (Provide description below.)

**Brief Description of In-Kind Payment:**

**Purpose:** (Check one and provide description below.)  
- [ ] Legislative  
- [ ] Governmental  
- [x] Charitable

**Describe the legislative, governmental, charitable purpose, or event:** San Jose Gateways- Downtown Streets Team

### 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:** 1/23/20  
**By:** [Signature]

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