Behested Payment Report  

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

Agency Name  
City of San Jose  

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

Designated Contact Person (Name and title, if different)  
Henry Smith  

Area Code/Phone Number  
4085354831  

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

Date Stamp  
2020 JAN 23 PH 12:38  

Date of Original Filing: (month, day, year)  

[ ] Amendment (See Part 5)  

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tarkan Maner</td>
<td>2025 Gateway Place</td>
<td>San Jose</td>
<td>CA</td>
<td>95110</td>
</tr>
</tbody>
</table>

3. Payee Information (For additional payees, include an attachment with the names and addresses.)  

<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 (Complete all information.)  

<table>
<thead>
<tr>
<th>Date of Payment:</th>
<th>Amount of Payment: (In-Kind FMV)</th>
<th>Payment Type:</th>
<th>Brief Description of In-Kind Payment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/16/18</td>
<td>$15,000</td>
<td>[ ] Monetary Donation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] In-Kind Goods or Services</td>
<td></td>
</tr>
</tbody>
</table>

Purpose: (Check one and provide description below.)  

- [ ] Legislative  
- [ ] Governmental  
- [x] Charitable  

Describe the legislative, governmental, charitable purpose, or event: Downtown Streets Team for San Jose  

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 01/22/20  

DATE  

Signature of Elected Officer or CPUC Member  

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