Behested Payment Report

A Public Document

California Form 803

For Official Use Only

Date Stamp

RECEIVED San Jose City Clerk 2013 SEP 18 AM 9:29 CR/OTC

1. Elected Officer or CPUC Member *(Last name, First name)*

Reed, Chuck

Agency Name

City of San Jose, Mayor's Office

Agency Street Address

200 E. Santa Clara Street, 18th Floor, San Jose, CA 95113

Designated Contact Person *(Name and title, if different)*

Barbara Howard, Executive Assistant to the Mayor

Area Code/Phone Number: 408-535-4800

E-mail *(Optional)*: mayoremail@sanjoseca.gov

☐ **Amendment** *(See Part 5)*

Date of Original Filing: 9/18/2013 *(month, day, year)*

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

George Hume
Name

600 Montgomery Street, FL. 28 — Address
San Francisco — City
CA — State
94111 — Zip Code

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

Coalition for Fair and Sustainable Pensions c/o The Sutton Law Firm
Name

150 Post Street, Suite 405 — Address
San Francisco — City
CA — State
94108 — Zip Code

4. Payment Information *(Complete all information.)*

Date of Payment: 8/22/2013 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 25,000 *(Round to whole dollars.)*

Payment Type: ☒ Monetary Donation **or** ☐ In-Kind Goods or Services *(Provide description below.)*

Brief Description of In-Kind Payment:

Purpose: *(Check one and provide description below.)* ☐ Legislative ☐ Governmental ☒ Charitable

Describe the legislative, governmental, charitable purpose, or event: Policy analysis for statewide pension reform.

5. Amendment Description 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 9/17/13 (DATE) By Chuck Reed (SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER)