Behested Payment Report — A Public Document

Behested Payment Report

California Form 803

For Official Use Only

Date Stamp: 2012 JAN 12 A 9:24

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

Reed, Chuck

Agency Name

City of San José

Agency Street Address

200 E Santa Clara Street, San José, California 95113

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

Sara Wright, Agenda Services Manager

Area Code/Phone Number: (408) 535-4800

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

☐ **Amendment** *(See Part 5)*

Date of Original Filing: 01/17/12 *(month, day, year)*

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

Name: The Health Trust

Address	City	State	Zip Code
2105 S. Bascom Avenue, Suite 220	Campbell	CA	95008

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

Name: Safe Summer Initiative Fundraising Campaign

Address	City	State	Zip Code
200 E Santa Clara Street	San José	CA	95113

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

Date of Payment: 06/01/11 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 10,000 *(Round to whole dollars.)*

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

Brief Description of In-Kind Payment: Check

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

Describe the legislative, governmental, charitable purpose, or event: The Safe Summer Initiative offers grants to non-profit organizations to provide safe community events/programs that encourage outdoor social activity for youth.

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 1/10/12 (DATE) By Chuck Reed (SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER)