

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		RECEIVED San Jose City Clerk Date Stamp 2014 AUG -4 PM 12:20 <i>Chavez</i>	California Form 803 For Official Use Only
Kalra, Ash			
Agency Name			
City of San José			
Agency Street Address			
200 E. Santa Clara St.			
Designated Contact Person (Name and title, if different)		<input type="checkbox"/> Amendment (See Part 5)	
Kimberly Hernandez		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail (Optional)		
(408) 535-4902	district2@sanjoseca.gov		

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

Pacific Gas and Electric Company

Name

111 Almaden Boulevard	San José	CA	95113
Address	City	State	Zip Code

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

San José - Dublin Sister City Program, Inc.

Name

189 W Santa Clara Street	San José	CA	95113
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 7/09/2014 (month, day, year) **Amount of Payment:** (In-Kind FMV) \$ 7,500.00 (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: fundraising for city-sponsored Sister Cities International Flag Raising and Conference Opening Ceremony

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 7/28/14 DATE By *Ash Kalra* SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER