

Behested Payment Report

A Public Document

Behested Payment Report

<b>1. Elected Officer or CPUC Member</b> (Last name, First name)		Date Stamp 2014 JAN 10 11 45 AM REC'D	<b>California Form 803</b> For Official Use Only
Campos, Xavier			
Agency Name			
Councilmember - City of San Jose			
Agency Street Address		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: <u>01/08/14</u> <small>(month, day, year)</small>	
200 E. Santa Clara St., San Jose, CA 95112			
Designated Contact Person (Name and title, if different)			
Garrett Radcliffe			
Area Code/Phone Number	E-mail (Optional)		
408.535.4947	garrett.radcliffe@sanjoseca.gov		

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

Health Trust of Silicon Valley

Name

3180 Newberry Drive, Suite 200	San Jose	CA	95118
Address	City	State	Zip Code

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

San Jose Police Foundation

Name

101 W. Santa Clara Street	San Jose	CA	95113
Address	City	State	Zip Code

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

Date of Payment: 10/23/13 (month, day, year)      Amount of Payment: (In-Kind FMV) \$ 5000.00 (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: Monetary Donation to support the City's Gun Buyback program

**5. Amendment Description or Comments**

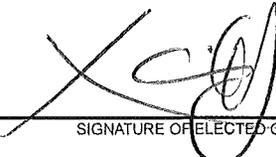
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 01/08/14 DATE      By  SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER