### Behested Payment Report

#### 1. Elected Officer or CPUC Member  
**Last name, First name**  
Reed, Chuck  
**Agency Name**  
City of San Jose  
**Agency Street Address**  
200 E Santa Clara Street, Floor 18, San Jose, CA 95113  
**Designated Contact Person (Name and title, if different)**  
Sara Wright, Agenda Services Manager  
**Area Code/Phone Number**  
408-535-4800  
**E-mail (Optional)**  

#### 2. Payor Information  
(For additional payors, include an attachment with the names and addresses.)  
**Name**  
Orchard Supply and Hardware  
**Address**  
P.O. Box 49024  
San Jose, CA 95161  
**City**  
San Jose  
**State**  
CA  
**Zip Code**  
95161

#### 3. Payee Information  
(For additional payees, include an attachment with the names and addresses.)  
**Name**  
Center for Training and Careers  
**Address**  
749 Story Road  
San Jose, CA 95122  
**City**  
San Jose  
**State**  
CA  
**Zip Code**  
95122

#### 4. Payment Information  
(Complete all information.)  
**Date of Payment:**  
10/06/12  
**Amount of Payment:**  
$25,000  
**Payment Type:**  
- [x] Monetary Donation  
- [ ] In-Kind Goods or Services (Provide description below.)

**Brief Description of In-Kind Payment:**  
Supporting the Day Worker Center to enable it to stay open so it can continue to provide assistance to local day workers

**Purpose:**  (Check one and provide description below.)  
- [ ] Legislative  
- [ ] Governmental  
- [x] Charitable

Describe the legislative, governmental, charitable purpose, or event: Supporting the Day Worker Center to enable it to stay open so it can continue to provide assistance to local day workers

#### 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 10/11/12  
**Date**  
By Chuck Reed  
**Signature of Elected Officer or CPUC Member**