Behested Payment Report

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

Agency Name
City of San Jose

Agency Street Address
200 E. Santa Clara St.

Designated Contact Person (Name and title, if different)
Andrea Hyde, Policy Aide

Area Code/Phone Number
408-535-4909

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weingarten Nostat, Inc.</td>
<td>P.O. Box 924133</td>
<td>Houston</td>
<td>TX</td>
<td>77292-4133</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of San Jose</td>
<td>200 E. Santa Clara St.</td>
<td>San Jose</td>
<td>CA</td>
<td>95113</td>
</tr>
</tbody>
</table>

4. Payment Information (Complete all information.)

<table>
<thead>
<tr>
<th>Date of Payment:</th>
<th>Amount of Payment: (In-Kind FMV)</th>
<th>Payment Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/13/2015</td>
<td>$5,000.00</td>
<td>Monetary Donation</td>
</tr>
</tbody>
</table>

Brief Description of In-Kind Payment:

Purpose: (Check one and provide description below.)

- Charitable

Describe the legislative, governmental, charitable purpose, or event:
The full amount went towards putting on our District's annual community festival, Celebrate Cambrian (August 23, 2015).

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 08/13/2015 By Donald Rocha

FPPC Form 803 (December/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)