## Behested Payment Report

### 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**

Sara Wright, Agenda Services Manager

**Date of Original Filing:** 01/17/12

**Agency Name**

City of San José

**Agency Street Address**

200 E Santa Clara Street, San José, California 95113

**Designated Contact Person**

Sara Wright, Agenda Services Manager

**Date of Original Filing:** 01/17/12

### 2. Payor Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Health Trust</td>
<td>2105 S. Bascom Avenue, Suite 220</td>
<td>Campbell</td>
<td>CA</td>
<td>95008</td>
</tr>
</tbody>
</table>

### 3. Payee Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe Summer Initiative Fundraising Campaign</td>
<td>200 E Santa Clara Street</td>
<td>San José</td>
<td>CA</td>
<td>95113</td>
</tr>
</tbody>
</table>

### 4. Payment Information

<table>
<thead>
<tr>
<th>Date of Payment</th>
<th>Amount of Payment (In-Kind)</th>
<th>Payment Type</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/01/11</td>
<td>$10,000</td>
<td>Monetary Donation</td>
<td>The Safe Summer Initiative offers grants to non-profit organizations to provide safe community events/programs that encourage outdoor social activity for youth.</td>
</tr>
</tbody>
</table>

### 5. Amendment Description or Comments

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### 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 10/12/2012

By Chuck Reed

SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER