Behested Payment Report

1. Elected Officer or CPUC Member
   (Last name, First name)
   Kalra, Ash

   Agency Name
   City of San José

   Agency Street Address
   200 E. Santa Clara St.

   Designated Contact Person
   (Name and title, if different)
   Kimberly Hernandez

   Area Code/Phone Number
   (408) 535-4902

   E-mail (Optional)
   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: $7,500.00
   (In-Kind FMV)
   (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
Signature of Elected Officer or CPUC Member