# Behested Payment Report

**A Public Document**

## 1. Elected Officer or CPUC Member

<table>
<thead>
<tr>
<th>Lastname, First name</th>
<th>Date Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campos, Xavier</td>
<td></td>
</tr>
</tbody>
</table>

### Agency Name

Councilmember - City of San Jose

### Agency Street Address

200 E. Santa Clara St., San Jose, CA 95112

### Designated Contact Person

Garrett Radcliffe

### Area Code/Phone Number

408.535.4947

e-mail (Optional)

```
408.535.4947
garrett.radcliffe@sanjoseca.gov
```

## 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>Health Trust of Silicon Valley</td>
<td>3180 Newberry Drive, Suite 200</td>
<td>San Jose</td>
<td>CA</td>
<td>95118</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>San Jose Police Foundation</td>
<td>101 W. Santa Clara Street</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:</th>
<th>Payment Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/13/12</td>
<td>(In-Kind FMV) $5000.00</td>
<td>Monetary Donation</td>
</tr>
</tbody>
</table>

### Purpose:

- [ ] Legislative
- [x] 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**

**SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER**

FPPC Form 803 (December/09)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)